2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P03000007894

Entity Name: PRESIDIO PROPERTIES, INC.

Current Principal Place of Business:

700 N OSCEOLA AVE
APT 704
CLEARWATER, FL 33755

New Principal Place of Business:

600 CLEVELAND STREET
SUITE 1100
CLEARWATER, FL 33755

Current Mailing Address:

700 N OSCEOLA AVE
APT 704
CLEARWATER, FL 33755

New Mailing Address:

P O BOX
2514
CLEARWATER, FL 33755

FEI Number: 04-3737730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGALLS, CHESTER
3495 FIFTH AVENUE N
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

INGALLS, CHESTER
3495 FITH AVEUNE NORTH
ST. PETERSBURG, FL 33713 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/29/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PEENS, LOUIS
Address: 700 N. OSCEOLA AVE, #704
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete
Name: PEENS, HEIDE
Address: 700 N. OSCEOLA AVE, #704
City-St-Zip: CLEARWATER, FL 33755

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: BEAUREGARD, ANKE
Address: 700 NORTH OSCEOLA AVE #704
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANKE BEAUREGARD T 04/29/2008
Electronic Signature of Signing Officer or Director — Date