2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000020209

Entity Name: PROPERTY MASTERS MANAGEMENT, INC.

FILED Jul 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19124 NW 24 PLACE 1784 N CONGRESS AVE ST 103 PEMBROKE PINES, FL 33029 WESTPALM BEACH, FL 33409

Current Mailing Address: New Mailing Address:

1784 N CONGRESS AVE ST 103 19124 NW 24 PLACE PEMBROKE PINES, FL 33029 WESTPALM BEACH, FL 33409

FEI Number: 59-4741894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAST, LOUIS F REGINALD, COMPERE 4805 NW 79 AVE #9 1068 BENOIST FARM RD 203 US MIAMI, FL 33166 WESTPALMBEACH, FL 33411

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: REGINALD COMPERE 07/14/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

() Delete

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OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV () Delete Title: (X) Change () Addition GOMEZ, EDDY COMPERE, REGINALD Name: Name: 17835 SW 10 COURT Address: 1068 BENOIST FARM RD 203 Address:

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: WEST PALM BEACH, FL 33411 Title: Title:

Name: GOMEZ, EDDY Name: COMPERE I

17835 SW 10 COURT Address: 1068 BENOIST FARM RD 203 Address: PEMBROKE PINES, FL 33029 WESTPALMBEACH, FL 33411 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: COMPERE REGINALD 07/14/2006 D

(X) Change () Addition