2008 FOR PROFIT CORPORATION

SIGNATURE:

Mar 31, 2008 8:00 am Secretary of State ANNUAL REPORT 03-31-2008 90022 008 ***150.00 DOCUMENT # P03000026681 PRUITT'S PROPERTY MANAGEMENT, INC. 40022007 Principal Place of Business Mailing Address **4895 GARDNER LANE 4895 GARDNER LANE** LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 91-2186422 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRUITT ()ONELL PRUITT, DONELL Street Address (P.O. Box Number is Not Acceptable) 2575 HOMEWOOD RD. WEST PALM BEACH, FL 33406 4895 GARDNER City LAKE WORTH 8. 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. I am familiar with, and accept DONBLL PRUITT (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition PRUITT, DONELL NAME PRUITT, DONELL NAME 4895 GARDNER LAND STREET ADDRESS 2575 HOMEWOOD ROAD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL-33406 LAKE WORTH FL CITY-ST-ZIP VPT Delete VPT TITLE TITLE Change Change ☐ Addition EARL SHERYL A EARL, SHERYL A NAME NAME 4895 GARDNER LANE STREET ADDRESS 2575-HOMEWOOD ROAD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33406 CITY-ST-ZIP LAKEWORTH FC 33463 ☐ Delete TITLE ☐ Change Addition NAME - -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier ental report is true and accurate and that my 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 of trustee engineered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an other lake the engowered.

FILED