2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000026392 01-18-2007 90092 027 ***150.00 1. Entity Name PROPERTECH, INC. Principal Place of Business Mailing Address VEVAUUUP 4555 PHILADELPHIA CIRCLE 4555 PHILADELPHIA CIRCLE KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0853278 Not Applicable Zip 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 LONDONO, LUIS Street Address (P.O. Box Number is Not Acceptable) 4555 PHILADELPHIA CIRCLE KISSIMMEE, FL. 34746 Zip Code City FL 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 the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VP9 v: TITLE ☐ Delete TITLE ☐ Change Addition LONDONO, LUIS NAME NAME STREET ADDRESS STREET ADDRESS 4555 PHILADELPHIA CIRCLE CITY-ST-ZIP KISSIMMEE, FL 34746 CITY-ST-7/P ☐ Delete Change Addition TITLE TITLE MORALES, ADRIANA NAME STREET ADDRESS 4555 PHILADELPHIA CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP KISSIMMEE, FL 34746 ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Juil Roy Leve SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-07

FILED Jan 18, 2007 8:00 am

407-361-2720