2008 FOR PROFIT CORPORATION ANNUAL RÉPORT

FILED Feb 04, 2008 08:00 AN **DOCUMENT # P04000028182 Secretary of State** SULLIVAN-FELLUS PROPERTIES, INC. Principal Place of Business Mailing Address **4 GREEN DRIVE 4 GREEN DRIVE** ROSLYN, NY 11576 ROSLYN, NY 11576 01232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0799921 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLANCHARD, DOCK A ESQUIRE DO NOT WRITE **4 SE BROADWAY STREET** OCALA, FL 34471 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NCTE: Registered Agent agniture required when reinstiting) DATE FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be 9. Election Campaign Financing U00000812537 Trust Fund Contribution. .? After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS TITLE NAME SULLIVAN, JOHN D 2057 LAUREL RUN DRIVE STREET ADDRESS CHY-ST-ZIP OCALA, FL 34471 TITLE FELLUS, KENNY NAME STREET ADDRESS **4 GREEN DRIVE** CITY-ST-ZIP ROSLYN, NY 11576 SULLIVAN, MELANIE NAME STREET ADORESS 2057 LAUREL RUN DRIVE DO NOT WRITE CITY-ST-ZIP OCALA, FL 34471 IN THIS SPACE FELLUS, LORI NAME STREET ADDRESS **4 GREEN DRIVE** CITY-ST-ZIP ROSLYN, NY 11576 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADORESS CITY-ST-ZP. -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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #