2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P04000031885 03-17-2005 90015 029 ***150.00 1. Entity Name Envil Properties, Inc. Principal Place of Business Mailing Address. 900 NW 6th Avenue Ft. Lauderdale, F1. 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.: Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable 56-2438095 _Country____ Country Zip \$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 Neville Watt Street Address (P.O. Box Number is Not Acceptable) 8571 NW 29 Street Sunrise, Fl. 33322 City Zip Code 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 it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN \$1 10. 11. TITLE Addition TITLE ☐ Delete Change NAME NAME Watt, Neville j. .. STREET ADDRESS STREET ADDRESS 8571 NW 29 St. CITY-ST-ZIP CITY-ST-ZIP Sunrise, Fl TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE ☐ Delete TITLE Change ☐ Addition NAME NA ME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME MAME 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 others like empowered.

G OFFICER OR DIRECTOR

SIGNATURE:

FILED

Mar 17, 2005 8:00 am