2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2007 8:00 am Secretary of State DOCUMENT # P04000080732 1. Entity Name ROMAIN PROPERTIES, INC. 05-03-2007 90029 005 ***150.00 Principal Place of Business Mailing Address 205 WORTH AVENUE 205 WORTH AVENUE 40.20-SUITE 303 SUITE 303 PALM BEACH, FL 33480 PALM BEACH, FL 33480 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 04302007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-1146742 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 Name BRIAN, PHILIPPE J Street Address (P.O. Box Number is Not Acceptable) 205 WORTH AVENUE **SUITE 303** PALM BEACH, FL 33480 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT THEF ☐ Delete TITLE Change Addition ROTGES, ROMAIN NAMÉ NAME STREET ADDRESS 109 VICTORIA BAY CT STREET ADDRESS 205WORTHAVENUE SUITE 303 PALM BEACH GARDENS, FL 33414 CHY-ST-ZIP CITY-ST-ZIP PALM BEACH FC 33480 4618 HILE s Delete TITLE ☐ Change ☐ Addition BRIAN, PHILIPPE J NAME 205 WORTH AVENUE SUITE 303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP TITLE Oelete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TIFLE □ 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

FILED

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