2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-05-2007 90052 029 ***150.00 DOCUMENT # P04000084332 1. Entity Name NEW SMYRNA CONDO BUILDING NO. 16, INC. 40029246 Principal Place of Business Mailing Address 1215 GESSNER DRIVE 1215 GESSNER DRIVE HOUSTON, TX 77055 HOUSTON, TX 77055 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1284851 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRAHAM, JESSE E SR. DO NOT WRITE 369 NORTH NEW YORK AVENUE, THIRD FLOOR WINTER PARK, FL 32789 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SILVESTRI, DAN 3 NAME STREET ADDRESS 1215 GESSNER DRIVE CITY-ST-7IP HOUSTON, TX 77055 TITLE TRULLI, GUILIO NAME 21 KING ST. W. #809 BOX #66 STREET ADDRESS HAMILTON, OT LSP 4WT CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 05, 2007 8:00 am