2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P04000144000 1. Entity Name 04-25-2007 90192 018 \*\*\*150 00 C & D NAUTILUS PROPERTIES, INC. Principal Place of Business Mailing Address 13596 154TH PLACE NORTH 13596 154TH PLACE NORTH JUPITER FARMS FL 33478 JUPITER FARMS FL 33478 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 56 Towering Towering Views Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-1761551 eicest Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 28748 Fee Required MCOMbe wcombe 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name imeiKA SUNDMACHER, CHARLES T Street Address (P.O. Box Number is Not Acceptable) 13596 154TH PLACE NORTH JUPITER FARMS FL 33478 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) disterect agent and tale it applicable FILE NOW!!! FEE.IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DHE ☐ Delete HILE ☐ Change Addition SUNDMACHER; CHARLES T NAME NAME 13596 154TH PLACE NORTH STREET ADDRESS STREET ADORESS JUPITER FARMS FL 33478 CITY ST-ZIF CHY SI-ZIP ☐ Change ☐ Addition TITLE ☐ Delete MICHAELS, DARYL NAME NAME 13596 154TH PLACE NORTH STREET ADDRESS STREET ADDRESS JUPITER FARMS FL 33478 CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Addition DITE ☐ Delete HILE NAME NàMi STREET ADDRESS STREET LADDRESS CHY ST-7IP CHY ST 7P щи ☐ Delete ☐ Change ☐ Addition THEF NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST ZIP ☐ Change \_\_\_ Addition THILL ☐ Delete THE NAM NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP ☐ Delete Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST ZIP

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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:

(Assumption of 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.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information