

SIGNATURE: V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2008 FOR PROFIT CORPORATION

## Apr 30, 2008 8:00 am Secretary of State ANNUAL REPORT 04-30-2008 90155 033 \*\*\*150.00 DOCUMENT # P04000150128 IBM PROPERTIES INC Principal Place of Business Mailing Address 60032018 432 SANDPIPER RIDGE DRIVE 432 SANDPIPER RIDGE DRIVE ORLANDO, FL 32835 US ORLANDO, FL 32835 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 443 S. Hat Blvd Suite, Apt. #, etc. 443 S. Hart Blud Suite, Apt. #, etc 04132008 Chq-P CR2E034 (12/06) City & State 4. FEI Number Applied For Orlando 32-0132337 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired u·s A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BABOOLALL, DEVINA Street Address (P.O. Box Number is Not Acceptable) 432 SANDPIPER RIDGE DRIVE ORLANDO, FL 32835 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change : Addition BABOOLALL, MAHARANIE NAME NAME 4435 Hart Blvd STREET ADDRESS 432 SANDPIPER RIDGE DRIVE STREET ADDRESS Orlando FL 32835 CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP TITLE Delete TITLE Change Addition BABOOLALL, BHIMWANT 443 S Hart Blud Orlando FL 32835 NAME NAME STREET ADDRESS 432 SANDPIPER RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP, ORLANDO, FL 32835 TITLE ☐ Delete TITLE Change Addition NAME NAME 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 TITLE ☐ Delete TITLE Change Addition NAME NAME 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 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.

FILED