2007 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P05000063929 01-29-2007 90092 023 ***150.00 1. Entity Name MIDLAND COMMONS, INC. Principal Place of Business Mailing Address 1985 S. MILITARY TRAIL 1985 S. MILITARY TRAIL WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 01232007 CR2E034 (12/06) Chg-P & State 4. FEI Number Applied For WOR 20-2791903 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired Name and Address of New Registered Agent 6. Name and Address of Current Re-RAUCH, HARRY Street Address (P.O. Box Number is Not Acceptable) 1985 S. MILITARY TRAIL WEST PALM BEACH, FL 33415 City 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) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P. D TITLE TITLE Delete Change : ☐ Addition RAUCH, HARRY NAME NAME STREET ADDRESS 1985 S. MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP W. PALM BEACH, FL 33415 CITY-ST-ZIP TITLE Delete TITLE ☐ 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-\$T-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 filling 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 a other like empowered.

FILED