2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P05000080170 Feb 05, 2007 08:00 AM 1. Entity Namo **Secretary of State** R & A DURHAM PROPERTIES, INC. Principal Place of Business Mailing Address 1730 NW 39TH STREET OAKLAND PARK FL 33309 1730 NW 39TH STREET OAKLAND PARK FL 33309 2. Principal Place of Business - No P.O Box # 3. Mailing Address SAME <u>1730 NW 39 ST.</u> Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 41-2177576 Daklama Not Applicable 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 Namo DURHAM, RICHARD D 1730 NW 39TH STREET OAKLAND PARK FL 33309 Street Address (P.O. Box Number is Not Acceptable) 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 arinted name of registered agent and title i applicable. (NOTE: Registered Agent signature required when reinstating) 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 PRES IIII Change ☐ Addition ☐ Delete 10112 DURHAM, RICHARD D NAMI U00000622363 1730 NW 39TH STREET STREET ADDRESS STREET ADDRESS 02/13/07-80023-003 150.00 OAKLAND PARK FL 33309 CITY - ST - ZIP 011Y - S1 - ZIP VP T BILL Detele THE ☐ Change ☐ Addition DURHAM, ALICE L NAME NAME 1730 NW 39TH STREET STREET ADDRESS STHEET LADORESS OAKLAND PARK FL 33309 CITY-S1-ZIP CITY-ST-ZIP ш ☐ Delete DHE. ☐ Change Addition NAMi' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILL. ☐ Delete 1000 Change ■ Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-S1-7IP CHY-ST- AP HIG ☐ Detele Change Addition TITLE NAMI NAME STATE LADDRESS STREET ADDRESS CHY+S1-7IP CITY-ST-ZIP ☐ Addition THE ☐ Delete Ші. ☐ Change NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this liling does not qualify for the exemptions contained in Section 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 eath, 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.

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