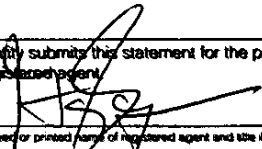
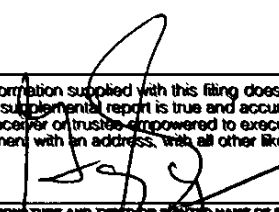


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90067 025 \*\*\*150.00

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-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|------|-------------------------------------------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|------|-------------------------------------------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|------|-------------------------------------------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|------|-------------------------------------------------------------------|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # P05000107349</b><br>1. Entity Name<br><b>DARKSIDE PROPERTIES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Principal Place of Business<br><b>4798 SOUTH CLASSICAL<br/>DELRAY BEACH, FL 33445</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  | Mailing Address<br><b>4798 SOUTH CLASSICAL<br/>DELRAY BEACH, FL 33445</b>                                                                                                                                                  |      |                                 |      |                             |  |                |                             |  |             |                               |  |       |      |                                 |      |                            |  |                |                            |  |             |                          |  |       |      |                                 |      |                           |  |                |                                  |  |             |                             |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                               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| 2. Principal Place of Business - No P.O. Box #<br><b>9208 N.W. 60th ST.</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 3. Mailing Address<br><b>9208 N.W. 60th ST.</b><br>Suite, Apt. #, etc.                                                                                                                                                     |      |                                 |      |                             |  |                |                             |  |             |                               |  |       |      |                                 |      |                            |  |                |                            |  |             |                          |  |       |      |                                 |      |                           |  |                |                                  |  |             |                             |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |       |      |                                                                   |      |  |  |                |  |  |             |  |  |       |      |                                                                   |      |  |  |                |  |  |             |  |  |       |      |                                                                   |      |  |  |                |  |  |             |  |  |       |      |                                                                   |      |  |  |                |  |  |             |  |  |
| City & State<br><b>TAMARAC FL</b><br>Zip<br><b>33321-4133</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | City & State<br><b>TAMARAC FL</b><br>Zip<br><b>33321-4133</b>                                                                                                                                                              |      |                                 |      |                             |  |                |                             |  |             |                               |  |       |      |                                 |      |                            |  |                |                            |  |             |                          |  |       |      |                                 |      |                           |  |                |                                  |  |             |                             |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                               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| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  | Country<br><b>USA</b>                                                                                                                                                                                                      |      |                                 |      |                             |  |                |                             |  |             |                               |  |       |      |                                 |      |                            |  |                |                            |  |             |                          |  |       |      |                                 |      |                           |  |                |                                  |  |             |                             |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                               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| 4. FEI Number<br><b>27-0129603</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                     |      |                                 |      |                             |  |                |                             |  |             |                               |  |       |      |                                 |      |                            |  |                |                            |  |             |                          |  |       |      |                                 |      |                           |  |                |                                  |  |             |                             |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                                    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| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                      |      |                                 |      |                             |  |                |                             |  |             |                               |  |       |      |                                 |      |                            |  |                |                            |  |             |                          |  |       |      |                                 |      |                           |  |                |                                  |  |             |                             |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                                    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| 6. Name and Address of Current Registered Agent<br><br><b>ORNSTEIN, CAROLINE<br/>4798 SOUTH CLASSICAL<br/>DELRAY BEACH, FL 33445</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  | 7. Name and Address of New Registered Agent<br>Name <b>GARY SCHLESINGER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9208 N.W. 60th ST.</b><br>City <b>TAMARAC</b> <b>FL</b> Zip Code <b>33321-4133</b> |      |                                 |      |                             |  |                |                             |  |             |                               |  |       |      |                                 |      |                            |  |                |                            |  |             |                          |  |       |      |                                 |      |                           |  |                |                                  |  |             |                             |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |       |      |                                                                   |      |  |  |                |  |  |             |  |  |       |      |                                                                   |      |  |  |                |  |  |             |  |  |       |      |                                                                   |      |  |  |                |  |  |             |  |  |       |      |                                                                   |      |  |  |                |  |  |             |  |  |
| 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.<br>SIGNATURE  <b>GARY SCHLESINGER</b> DATE <b>4-18-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                     |      |                                 |      |                             |  |                |                             |  |             |                               |  |       |      |                                 |      |                            |  |                |                            |  |             |                          |  |       |      |                                 |      |                           |  |                |                                  |  |             |                             |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |       |      |                                 |      |  |  |                |  |  |             |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |       |      |                                                                   |      |  |  |                |  |  |             |  |  |       |      |                                                                   |      |  |  |                |  |  |             |  |  |       |      |                                                                   |      |  |  |                |  |  |             |  |  |       |      |                                                                   |      |  |  |                |  |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>S ORNSTEIN, CAROLINE</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>4798 SOUTH CLASSICAL</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>DELRAY BEACH, FL 33445</b></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>P SCHLESINGER, GARY</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>9208 NW 60TH STREET</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>TAMARAC, FL 33321</b></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>V O'ROURKE, THOMAS</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>7481 WEST OAKLAND PK BLVD</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>LAUDERHILL, FL 33319</b></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                                  | TITLE                                                                                                                                                                                                                      | NAME | Delete <input type="checkbox"/> | NAME | <b>S ORNSTEIN, CAROLINE</b> |  | STREET ADDRESS | <b>4798 SOUTH CLASSICAL</b> |  | CITY-ST-ZIP | <b>DELRAY BEACH, FL 33445</b> |  | TITLE | NAME | Delete <input type="checkbox"/> | NAME | <b>P SCHLESINGER, GARY</b> |  | STREET ADDRESS | <b>9208 NW 60TH STREET</b> |  | CITY-ST-ZIP | <b>TAMARAC, FL 33321</b> |  | TITLE | NAME | Delete <input type="checkbox"/> | NAME | <b>V O'ROURKE, THOMAS</b> |  | STREET ADDRESS | <b>7481 WEST OAKLAND PK BLVD</b> |  | CITY-ST-ZIP | <b>LAUDERHILL, FL 33319</b> |  | TITLE | NAME | Delete <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | Delete <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | Delete <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  | TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 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.<br>SIGNATURE:  <b>GARY SCHLESINGER</b> DATE <b>4-18-07</b> DAYTIME PHONE # <b>954-721-7948</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                             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