


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000107349 1. Entity Name DARKSIDE PROPERTIES, INC.	
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Principal Place of Business 9208 NW 60TH ST TAMARAC, FL 33321-4133	Mailing Address 9208 NW 60TH ST TAMARAC, FL 33321-4133
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0129603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLESINGER, GARY
9208 N.W. 60TH ST
TAMARAC, FL 33321-4133

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORNSTEIN, CAROLINE 4798 SOUTH CLASSICAL DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLESINGER, GARY 9208 NW 60TH STREET TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'ROURKE, THOMAS 7481 WEST OAKLAND PK BLVD LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/07/08-80076-011 150.00

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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.

SIGNATURE: GARY SCHLESINGER APRIL 18 2008 954-721-79

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #