2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 18, 2007 08:00 AM DOCUMENT # P05000154457 **Secretary of State** DA VINCI PROPERTIES INC. Principal Place of Business Mailing Address 1121 29TH ST SW 1121 29TH ST SW NAPLES, FL 34117 NAPLES, FL 34117 CR2E034 (11/05) 01152007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3839804 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VITERI, MARCO A JR DO NOT WRITE 1121 29TH ST SW NAPLES, FL 34117 IN THIS SPACE 8. The above named entity submits this statement fer 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 9. Election Campaign Financing \$5.00 May Be U000000590658 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 01/18/07-80066-003 150.00 10. OFFICERS AND DIRECTORS TITLE NAME ABAD, ALBERTO STREET ADDRESS 31 CAPEJUT DR CITY-ST-ZIP NAPLES, FL 34102 TITLE VITERI, MARCO A JR NAME STREET ADDRESS 1121 29TH ST SW CITY-ST-ZIP NAPLES, FL 34117 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 of 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: ~

MARCO A. VITER: JR 1.15.01 239 6725412 GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D