

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000155699

**FILED**  
**Mar 06, 2009**  
**Secretary of State****Entity Name:** WYNN PROPERTIES REAL ESTATE SERVICES, INC.**Current Principal Place of Business:**9220 BONITA BEACH ROAD  
SUITE 200  
BONITA SPRINGS, FL 34135 US**New Principal Place of Business:****Current Mailing Address:**9220 BONITA BEACH ROAD  
SUITE 200  
BONITA SPRINGS, FL 34135 US**New Mailing Address:****FEI Number:** 20-3837232**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WYNN, LARRY A  
9220 BONITA BEACH ROAD  
SUITE 200  
BONITA SPRINGS, FL 34135 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WYNN, LARRY A  
Address: 9220 BONITA BEACH ROAD, SUITE 200  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VP ( ) Delete  
Name: CLARKE, WILLIAM H  
Address: 9220 BONITA BEACH ROAD, SUITE 200  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: SCHAIBLE, MARIE A  
Address: 9220 BONITA BEACH ROAD, SUITE 200  
City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H CLARKE

VP

03/06/2009

Electronic Signature of Signing Officer or Director

Date