2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 01-08-2007 90241 007 ***150.00 DOCUMENT # P06000031540 WORTHINGTON PROPERTY GROUP, INC. Principal Place of Business Mailing Address 1131 N LAKE SHORES DRIVE 1131 N LAKE SHORES DRIVE 60000469 SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 43 1148 20-4 Not Applicable Zip Country Zip 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 SABA, RICHARD D ESQ 2033 MAIN STREET STE 303 Street Address (P.O. Box Number is Not Acceptable) SARSOTA, FL 34237 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 printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MILE Colete TITLE ☐ Change ☐ Addition NAME FIERS, D. DIANE NAME STREET ADDRESS 1131 N LAKE SHORES DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP TITLE Delete MILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TM E ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete TITLE ☐ Change ☐ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Jan 08, 2007 8:00 am