## 2008 FOR PROFIT CORPORATION

## Jan 11, 2008 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P06000070772** 01-11-2008 90064 015 \*\*\*158.75 WINTERSET PROPERTIES, INC. Principal Place of Business Mailing Address 21625 SUTTERS LANE 21625 SUTTERS LANE BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2801TE RRAMAR ST. 2801 TERRAMAR ST. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01072008 Chg-P City & State City & State 4. FEI Number Applied For FORT LAUDERDALE ORT LAUDER DALE 11-3787503 Not Applicable Country BROWARD \$8.75 Additional 5. Certificate of Status Desired BROWARD 33304 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEIN. ANDREW K Address (P.O. Box Number is Not Acceptable) BLOCH, MINERLEY & FEIN, P.L. SUTTER 980 N FEDERAL HIGHWAY SUITE 412 BOCA RATON, FL 33432 City BORA RATON 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 INOTE: Registered Agent signature required when reinstation 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE TITLE ☐ Delete ROBERT C. PUIRIER POIRIER, ROBERT A NAME NAME 2801 TERRAMAR ST. STREET ADDRESS 21625 SUTTERS LANE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP FORT LAMDERDALE 33304 Defete TITLE ☐ Change Addition POIRIER, ARLYNE A NAME NAME STREET ADORESS 21625 SUTTERS LANE STREET ADDRESS BOCA RATON, FL. 33428 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 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.

CITY-ST-ZIP

CITY-ST-ZIP

ROBERT A POIRIER SIGNATURE: