2008 FOR PROFIT CORPORATION

May 19, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P07000063388 05-19-2008 90040 034 ***150.00 1. Entity Name D'AGOSTINO REALTY ADVISORS, INC. Principal Place of Business Mailing Address 330 SOUTH PINEAPPLE AVENUE 330 SOUTH PINEAPPLE AVENUE # 102 # 102 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252008 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 26-027748 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 2017 MANGUS, JUDY 2 Street Address (P.O. Box Number is Not Acceptable) 330 SOUTH PINEÄPPLE AVENUE # 102 SARASOTA, FL: 34236 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. 05 (NOTE: Registered Agent signature required when reinstating egistered agent and title if applicable 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TIT) F NAME DIAGOSTINO, E. KENNETH NAME 330 SOUTH PINEAPPLE AVENUE, # 102 eapple avenue. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME MANGUS, JUDY NAME 330 SOUTH PINEAPPLE AVENUE, # 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attact/prient with an address, with all other like empowered.

SIGNATURE:

FILED