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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P94000007934 03-09-2004 90041 032 ***150 00 CHURT PROPERTIES, INC. Principal Place of Business Mailing Address 94026319 2 N TAMIAMI TRAIL **46 N WASHINGTON BLVD** #210 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address 1069 CEntral 1069 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03022004 Chg-P City & State City & State 4. FEI Number Applied For FL 98-0141076 Sarasota Sarasota Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34230 -34236 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Black Tan PATTERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD. SUITE 1 SARASOTA, FL 33238 Central 1069 Sarasota 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 age Black SIGNATURE e of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD ☐ Addition ☐ Defete Change TITLE TITLE Proctor, Stephen PROCTOR, STEPHEN NAME NAME 1069 Central AVE. 2 N TAMIAMI TRAIL, #210 STREET ADDRESS STREET ADDRESS Sarasota, FL 34236 CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-7IP Change DVP ☐ Delete DVP ☐ Addition TITLE TITLE BLACK, IAN Black, Ian NAME NAME 1009 Central AVE. STREET ADDRESS 2 N TAMIAMI TRAIL, #210 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL. 34236 CITY-ST-ZIP Sarasota, FL 34236 TITLE -■ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE 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 filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 it changed, or on an attachment with an address, with all other like empowered.

FILED Mar 09, 2004 8:00 am

941-906-8688

Daytime Phone #