2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

May 09, 2005 8:00 am Secretary of State 05-09-2005 90285 036 ***150.00 **DOCUMENT # P97000087139** PROPERTY INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 14017315 **8740 SEMINOLE BOULEVARD** P.O. BOX 8442 SEMINOLE, FL 33775-8442 SEMINOLE, FL-33772-2. Principal Place of Business 3. Mailing Address 221 Pauls Dr Suite, Apt. #, etc Suite, Apt. #, etc. 05042005 Chg-P CR2E034 (10/03) City & State Applied For 4. FEI Number Brandon 59-3472363 Not Applicable 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 DAFONTE, RICHARD J 1000 BELCHER ROAD SOUTH SUITE 2 LARGO_FL_33771 Brandon 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 reges 5/1/05 B. Hunner SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change HUMMER, GEORGE B NAME NAME PO BOX 8442 STREET ADDRESS 8740 SEMINOLE BLVD STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL-33772-CITY-ST-ZIP Seminole, FL 35715-8442 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITT F Detete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 if charged, or on an attachment with an address, with all other like empowered.

OFFICER OR DIRECTOR

5/1/05

Daytime Phone #

FILED