2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P98000053479 04-26-2004 90456 049 ***150.00 BARCLAYS OF BRIGHTON (PROPERTIES) LIMITED CORP. Principal Place of Business Mailing Address 630 LAKESIDE HARBOUR 630 LAKESIDE HARBOUR BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 65-0711187 Not Applicable Country 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 Name KOPSON, JOHN:E Street Address (P.O. Box Number is Not Acceptable) 7300 W. CAMINO REAL #126 BOCA RATON FL 33433 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, typo d name of registered agent and fille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be After May 1, 2004 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 TITLE ☐ Change Addition NAME > YULL JOHN V NAME 630 LAKESIDE HARBOUR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TIBLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 3. Delete-Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ 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 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 reports 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 trusted empowered to execute this poport 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 purposess, with all other like empowered.

FILED