2008 FOR PROFIT CORPORATION

Apr 21, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P98000056655** DURANGO PROPERTIES, INC. Mailing Address Principal Place of Business **8166 25TH STREET** 8166 25TH STREET VERO BEACH, FL 32966 VERO BEACH, FL 32966 CR2E034 (11/05) 01172008 No Cho-P DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 65-0848844 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE D'AMBROSIA, NICHOLAS **8166 25TH STREET** VERO BEACH, FL 32966 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable U00000912027 05/07/08-80063-020 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE D'AMBROSIA, NICHOLAS NAME 8166 25TH STREET STREET ADDRESS VERO BEACH, FL 32966 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 TITLE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED