

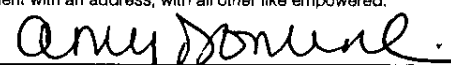


FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000102885 1. Entity Name DK PROPERTY MANAGEMENT, INC.				Secretary of State	
Principal Place of Business 672 EAGLE CIRCLE DELRAY BEACH, FL 33444		Mailing Address 672 EAGLE CIRCLE DELRAY BEACH, FL 33444			
DO NOT WRITE IN THIS SPACE					
				01212008 No Chg-P CR2E034 (11/05)	
				4. FEI Number 65-0886970	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLINE, DONALD A 672 EAGLE CIRCLE DELRAY BEACH, FL 33444				DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		02/14/08-80029-017 150.00	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PS KLINE, DONALD A 672 EAGLE CIRCLE DELRAY BEACH, FL 33444			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VT DOMERCHIE, AMY 672 EAGLE CIRCLE DELRAY BEACH, FL 33444			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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 attachment with an address, with all other like empowered.					
SIGNATURE: 				1-31-08 5615732173	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	