

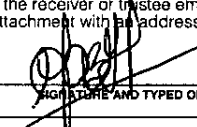


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90357 001 ***450.00

DOCUMENT # P99000005667					
1. Entity Name YVONNES PROPERTY MANAGEMENT, INC.					
Principal Place of Business 336 AYLESBURY LANE DAVENPORT, FL 33837			Mailing Address 336 AYLESBURY LANE DAVENPORT, FL 33837		
2. Principal Place of Business 2629 Waverly Barn Rd Suite, Apt. #, etc. Suite 129 City & State Davenport FL Zip 33897 Country USA		3. Mailing Address 2629 Waverly Barn Rd Suite, Apt. #, etc. Suite 129 City & State Davenport FL Zip 33897 Country USA		60416197 	
04242004 Chg-P CR2E034 (10/03)				4. FEI Number 59-3551176	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERNSTEIN, YVONNE 405 DURANGO LOOP ROAD DAVENPORT, FL 33837					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BERNSTEIN, YVONNE <input type="checkbox"/> Delete 405 DURANGO LOOP RD DAVENPORT, FL 33837				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
PST Bernstein Yvonne <input type="checkbox"/> Change <input type="checkbox"/> Addition 2629 Waverly Barn Rd Suite 129 Davenport FL 33897					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Yvonne Bernstein 04/26/04 863 424 0795 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					