2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Feb 19, 2007 08:00 AM DOCUMENT # P99000021778 **Secretary of State** PRITCHER PROPERTIES, INC. Principal Place of Business Mailing Address 209 VAN GOGH CIRCLE BRANDON FL 33511 209 VAN GOGH CIRCLE BRANDON FL 33511 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 59-3565389 Not Applicable Ζıp Country 7in Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAUDHRY, RAFIQ M 209 VAN GOGH CIRCLE Street Address (P.O. Box Number is Not Acceptable) BRANDON FL 33511 Zip Codo 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete HILE: ☐ Change CHAUDHRY, RAFIQ M NAME NAME U00000633817 209 VAN GOGH CIRCLE STREET ADORESS STREET ADDRESS 02/28/07-80042-013 150.00 BRANDON FL 33511 CITY ST - ZIP CITY+SI-ZIP TITLE TITLE ☐ Delete Change Addition CHAUDHRY, AZEEM M NAME NAME 1937 HIGH GLEN COURT SOUTH STRECT ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-7IP ШŒ Delete Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7/P Delete THUE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-7IP IIILE Delete THILE Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-SJ-ZIP CITY ST- 7IP IIIU' Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CtTY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 chapter the production of the corporation of the receiver of trustee or provided the statute of the production of the corporation of the receiver of trustee or provided the statute of the production of the production of the corporation of the receiver of trustee or provided the statute of the production of the pr

RAFIG M. CHAUDHRY

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