2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 07, 2008 08:00 A Secretary of State **DOCUMENT # S63084** HOLLAND & MINTON PROPERTIES, INC. Principal Place of Business Mailing Address 2100 SUNRISE BLVD SUITE A 2100 SUNRISE BLVD SUITE A FORT PIERCE, FL 34950 US FORT PIERCE, FL 34950 01232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0277627 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Reculred Name and Address of Current Registered Agent MINTON, O.R., JR. DO NOT WRITE 2100 SUNRISE BLVD SUITE A FORT PIERCE, FL 34950 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. Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE MINTON, O.R. JR. NAME 2100 SUNRISE BLVD SUITE A STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34950 IIILE H00000884607 MINTON, O.R. JR. 04217208=90050=0193150:00 STREET ADDRESS 2100 SUNRISE BLVD SUITE A CITY-ST-ZIP FORT PIERCE, FL 34950 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

Daytime Phone #