2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # V10633 **FILED** 1. Entity Name Aug 04, 2008 08:00 AM Secretary of State PROPERTY PRESERVATION, INC. Principal Place of Business Mailing Address 2145 W. DAVIE BLVD. 2145 W. DAVIE BLVD. SUITE 203 FT. LAUDERDALE FL 33312 SUITE 203 FT. LAUDERDALE FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) City & State City & State 4. FEI Number Applied For 65-0308015 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YARGER, GUY E Street Address (P.O. Box Number is Not Acceptable) 2145 W. DAVIE BLVD. SUITE #203 FT. LAUDERDALE FL 33312 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. FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3: 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition U00000957079 YARGER, GUY E NAME 08/04/08-80008-017 158.75 STREET ADDRESS 2145 W. DAVIE BLVD. #203 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 frustee 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 attachmous fully an address, with all other like empowered.

SIGNATURE:

07-50-08 954-792-0100