2005 FOR PROFIT CORPORATION

Apr 19, 2005 8:00 am Secretary of State ANNUAL REPORT 04-19-2005 90382 041 ***150.00 DOCUMENT # H99129 1. Entity Name OAKBRIDGE PROPERTIES, INC. Principal Place of Business Mailing Address 1960 STONEGATE DR 1960 STONEGATE DR BIRMINGHAM, AL 35242 BIRMINGHAM, AL 35242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 63-0929411 Not Applicable Country Zip* \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DRUMMOND, BRYAN D. Street Address (P.O. Box Number is Not Acceptable) 1343 OAKFIELD DR. BRANDON, FL 33509 City Zip Códa 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change TITLE Delete DURHAM, RONALD O NAME NAME 1960 STOREGATE Drive 1400 URBAN CENTER DRIVE STE 150 STREET ADDRESS STREET ADDRESS VESTAVIA HILLS, AL 35242 CITY-ST-ZIP CITY-ST-ZIP Delete THILE Addition TITLE DRUMMOND, BRYAN D NAME NAME 128 BARRINGTON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON, FL CITY-ST-7(P Delete THE DRUMMOND, PEGGY SNODDY NAME NAME 1000 Urban Center Drive STE 300 800-530 DEAGON PKWY WEST STREET ADDRESS STREET ADORESS BIRMINGHAM, AL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ponald O. Duthan

changed, or on an attachment with a

SIGNATURE:

205 9700303

Daytime Phone #

FILED