

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004458

FILED
Jan 26, 2007
Secretary of State

Entity Name: WATERFORD PROPERTY INVESTMENTS, INC.

Current Principal Place of Business:

4610 UNIVERSITY AVENUE
SUITE 1050
MADISON, WI 53705

New Principal Place of Business:

C/O RDS MANAGEMENT
6510 GRAND TETON PLAZA - SUITE 420
MADISON, WI 53719

Current Mailing Address:

4610 UNIVERSITY AVENUE
SUITE 1050
MADISON, WI 53705

New Mailing Address:

C/O RDS MANAGEMENT
6510 GRAND TETON PLAZA - SUITE 420
MADISON, WI 53719

FEI Number: 20-3095635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, DAVID
249 ROYAL PALM WAY, SUITE 501
PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: FISHER, JEROME M
Address: 4610 UNIVERSITY AVENUE SUITE 1050
City-St-Zip: MADISON, WI 53705

Title: VP () Delete
Name: MAGEE, ROBERT
Address: 4610 UNIVERSITY AVENUE SUITE 1050
City-St-Zip: MADISON, WI 53705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FISHER, JEROME M
Address: 6510 GRAND TETON PLAZA - SUITE 420
City-St-Zip: MADISON, WI 53719

Title: VP (X) Change () Addition
Name: MAGEE, ROBERT
Address: 6510 GRAND TETON PLAZA - SUITE 420
City-St-Zip: MADISON, WI 53719

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME M FISHER

PSTD

01/26/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date