2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 07, 2005 08:00 AM Secretary of State DOCUMENT # F97000006234 1. Entity Name REALTY INCOME PROPERTIES, INC. Principal Place of Business Mailing Address 220 WEST CREST STREET 220 WEST CREST STREET ESCONDIDO, CA 92025-1707 ESCONDIDO, CA 92025-1707 01182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 33-0580106 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 little if applicable (NOTE Registered Agent signature required when reinstating) ĎATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, CFOD TITLE NAME LEWIS, THOMAS A STREET ADDRESS 220 WEST CREST STREET CITY-ST-ZIP ESCONDIDO, CA 920251707 000000252707 03/07/05-80005-024 150.00 D TITLE NAME CLARK, WILLIAM E STREET ADDRESS 220 WEST CREST STREET CITY ST-71P ESCONDIDO, CA 920251707 PCOO TITLE NAME MALINO, GARY M 220 WEST CREST STREET STREET ADDRESS DO NOT WRITE CITY - ST - ZIP ESCONDIDO, CA 920251707 TITLE **EVCF** IN THIS SPACE MAURER, PAUL M NAME STREET ADDRESS 220 WEST CREST STREET CITY-ST-ZIP ESCONDIDO, CA 920251707 DitE NAME FAHEY, GREGORY J 220 WEST CREST STREET

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

SIGNATURE:

D

STREET ADDRESS CITY -ST - ZIP

STREET ADDRESS CITY - ST - ZIP

TITLE

NAME

ESCONDIDO, CA 920251707

CAMERON, DONALD R

ESCONDIDO, CA 92025

220 W CREST ST

760-741-2111 Daytime Phone #

FILED