2006 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Name

REALTY INCOME PROPERTIES, INC.



Principal Place of Business

220 WEST CREST STREET ESCONDIDO, CA 92025-1707

Mailing Address

220 WEST CREST STREET ESCONDIDO, CA 92025-1707



01172006

No Chg-P

CR2E034 (11/05)

4. FEI Number 33-0580106

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typod or printed name of registered agent and little	if applicable (NOTE: Registers	ed Agent signatur	(equited when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000425330 02/18/06-80092-007 158.75
10.	OFFICERS AND DIREC	TOÁS)	j		
IITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD LEWIS, THOMAS A 220 WEST CREST STREET ESCONDIDO, CA 920251707			-	
TITLE NAME	CLARK, WILLIAM E		1		

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	NAME STREET ADDRESS	LEWIS, THOMAS A 220 WEST CREST STREET
Į	CITY-ST-ZIP	ESCONDIDO, CA 920251707
	TITLE NAME STREET ADDRESS CITY-SI-ZIP	D CLARK, WILLIAM E 220 WEST CREST STREET ESCONDIDO, CA 920251707
	INTLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MALINO, GARY M 220 WEST CREST STREET ESCONDIDO, CA 920251707
	TITLE NAME STREET ADDRESS CITY-SI-ZIP	EVCF MAURER, PAUL M 220 WEST CREST STREET ESCONDIDO, CA 920251707
	RITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC FAHEY, GREGORY J 220 WEST CREST STREET ESCONDIDO, CA 920251707
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, DONALD R 220 W CREST ST ESCONDIDO, CA 92025
ĺ	12. I hereby o	ertify that the information supplied with this filling does not qualify for the

12. I hereby certify that the information supplied with this filling 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

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SIGNATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-02-06

(760) 741-2111

Daytime Phone #