2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000006234

1. Entity Name

REALTY INCOME PROPERTIES, INC.



FILED Jan 29, 2007. 08:00 AM Secretary of State

Principal Place of Business

220 WEST CREST STREET ESCONDIDO, CA 92025-1707

Mailing Address

220 WEST CREST STREET ESCONDIDO, CA 92025-1707



DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 33-0580106 Applied For Not Applicable

5. Certificate of Status Desired

X \$8

\$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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 The above named entity submits this statement for the p the obligations of registered agent. 	urpose of changing its registered offi	ce or registered agent, or bo	oth, in the State of Fiorida. I am familiar with, and a	ccept
SIGNATURE	applicable (NOTE Registered Agent	signature required when reinstating)	DATE	<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECT	TORS			

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS GITY-ST-ZIP	CEOD LEWIS, THOMAS A 220 WEST CREST STREET ESCONDIDO, CA 920251707
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D CLARK, WILLIAM E 220 WEST CREST STREET ESCONDIDO, CA 920251707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MALINO, GARY M 220 WEST CREST STREET ESCONDIDO, CA 920251707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF MAURER, PAUL M 220 WEST CREST STREET ESCONDIDO, CA 920251707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC FAHEY, GREGORY J 220 WEST CREST STREET ESCONDIDO, CA 920251707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESCONDIDO, CA 92025
12. Thereby	certify that the information supplied with this filing does not qualify for the exe

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12. I hereby certify that the information supplied with this filing 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, withyall other like empowered.

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highly I take Glegory J. Fahe Graphe and Typed on Printed NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07

760-741-2111