

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90002 047 \*\*\*150.00

**DOCUMENT # G00549**  
 1. Entity Name  
 SHOPPING CENTER INVESTMENTS, INC.



Principal Place of Business: 5533 WINDRIFT LANE, BOCA RATON, FL 33433 US  
 Mailing Address: 12203 STRICKLAND RD, RALEIGH, NC 27613 US

**DO NOT WRITE IN THIS SPACE**



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2238792  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 POLITIS, JOHN  
 5533 WINDRIFT LANE  
 BOCA RATON, FL 33433

**DO NOT WRITE 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLITIS, JOHN 5533 WINDRIFT LANE 12203 STRICKLAND RD BOCA RATON, FL RALEIGH NC 27613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POLITIS, JO 5533 WINDRIFT LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POLITIS, AMANDA 5533 WINDRIFT LANE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD</del> <del>POLITIS, JAMES</del> <del>5533 WINDRIFT LANE</del> <del>BOCA RATON, FL</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: Jo Politis Date: 5/20/05 Daytime Phone #: 919 841-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR