


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



01192006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
59-2238792      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

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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLITIS, JOHN
STREET ADDRESS	12203 STRICKLAND RD
CITY-ST-ZIP	RALEIGH, NC 27613
TITLE	VSD
NAME	POLITIS, JO
STREET ADDRESS	5533 WINDRIFT LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VPD
NAME	POLITIS, AMANDA
STREET ADDRESS	5533 WINDRIFT LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/06-80104-010 150.00

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IN THIS SPACE**

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, with all other like empowered.

SIGNATURE: Jo Politis - Jo Politis      4-10-06      919-841-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #