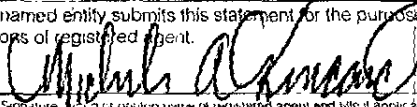


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000145572					
1. Entity Name SCHOOL INVESTMENT PROPERTIES, INC.					
Principal Place of Business 700 SOUTH ORANGE AVENUE JUPITER FL 33458			Mailing Address 700 SOUTH ORANGE AVENUE JUPITER FL 33458		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 41-2118181				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KINCAID, MICHELE A 1880 TUDOR ROAD NORTH PALM BEACH FL 33408				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 				2/06/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May : Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	KINCAID, MICHELE A	☐ Delete	TITLE	
NAME		700 SOUTH ORANGE AVENUE		NAME	
STREET ADDRESS		JUPITER FL 33458		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	VP	KINCAID, MICHELE A	☐ Delete	TITLE	
NAME		700 SOUTH ORANGE AVENUE		NAME	
STREET ADDRESS		JUPITER FL 33458		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	S	KINCAID, MICHELE A	☐ Delete	TITLE	
NAME		700 SOUTH ORANGE AVENUE		NAME	
STREET ADDRESS		JUPITER FL 33458		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	T	KINCAID, MICHELE A	☐ Delete	TITLE	
NAME		700 SOUTH ORANGE AVENUE		NAME	
STREET ADDRESS		JUPITER FL 33458		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				2/06/06 561-719-433	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	