


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000084630
 1. Entity Name
 FLORIDA PROPERTIES HOLDINGS, INC.



Principal Place of Business 1591 SE PORT ST. LUCIE BLVD. SUITE A PORT ST LUCIE, FL 34952	Mailing Address 1591 SE PORT ST. LUCIE BLVD. SUITE A PORT ST LUCIE, FL 34952
---	---



02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0958036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MECCA, JACK A
 1591 SE PORT ST. LUCIE BLVD.
 SUITE A
 PORT ST LUCIE, FL 34952

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VESTERLUND, STIG FLYHAMNSVAGEN 24 UPPSALA, SWEDEN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDM MECCA, JACK A 1591 SE PORT ST. LUCIE BLVD., SUITE A PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HJELM, IVAN NEDRA SLOTTSGATA, 6 UPPSALA, SWEDEN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARSON, GORAN DROTTNING-FATAN 85 11160 STOCKHOLM, SWEDEN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MECCA, MARY 2022 SE ALLAMANDA DR PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000448848
 03/09/06-80030-007 150.00

DO NOT WRITE 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 empoweres.

SIGNATURE: Jack Mecca Vice President Jack Mecca 2/23/06 772 995-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #