


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90108 029 \*\*\*158.75

<b>DOCUMENT # P97000107197</b>	
1. Entity Name <b>FRESH START PROPERTIES, INC.</b>	

Principal Place of Business <b>P.O. BOX 600506 NORTH MIAMI BEACH FL 33160</b>	Mailing Address <b>P.O. BOX 600506 NORTH MIAMI BEACH FL 33160</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0808657</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GOLDEN GREEN, LORRAINE</b> <del>18418 NW 44 PLACE</del> <b>15300 NE 14th CT.</b> <del>MIAMI FL 33055</del> <b>NORTH Miami Beach, Florida 33162</b>		Name - Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME BRYANT, JULIA M STREET ADDRESS <del>18418 NW 44 PLACE</del> CITY-ST-ZIP <del>MIAMI FL 33055</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE <b>15300 NE 14th COURT</b> NAME <b>NORTH Miami Beach, Florida 33162</b> STREET ADDRESS CITY-ST-ZIP	TITLE VSTD <input type="checkbox"/> Delete NAME GOLDEN GREEN, LORRAINE STREET ADDRESS <del>18418 NW 44 PLACE</del> CITY-ST-ZIP <del>MIAMI FL 33055</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE <b>15300 NE 14th COURT</b> NAME <b>NORTH Miami Beach, Florida 33162</b> STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 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: Lorraine Golden Green 4/07/05 305-793-2889  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #