


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State


03-23-2006 90020 016 ***150.00

DOCUMENT # P03687		
1. Entity Name RISA PROPERTY COMPANY		

Principal Place of Business 265 SUNRISE AV./STE. 204 PALM BEACH, FL 33480	Mailing Address 265 SUNRISE AV., STE. 204 PALM BEACH, FL 33480
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50005061

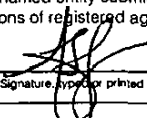
2. Principal Place of Business 220 Sunrise Avenue	3. Mailing Address 220 Sunrise Avenue
Suite, Apt. #, etc. 206	Suite, Apt. #, etc. 206
City & State Palm Beach, FL	City & State Palm Beach, FL
Zip 33480 Country USA	Zip 33480 Country USA

	
02142006 Chg-P	CR2E034 (11/05)
4. FEI Number 59-2521678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LISI, ANDREA 265 SUNRISE AVENUE, #204 PALM BEACH, FL 33480	
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7. Name and Address of New Registered Agent	
Name Andrea Lisi	
Street Address (P.O. Box Number is Not Acceptable) 220 Sunrise Avenue	
Suite 206	
City Palm Beach	FL Zip Code 33480

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 **3/20/06**

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
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10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME LISI, ANDREA S	
STREET ADDRESS 265 SUNRISE AVE., STE 204	
CITY-ST-ZIP PALM BEACH, FL	
TITLE STD	<input checked="" type="checkbox"/> Delete
NAME SAFRAN, PAUL, JR.	
STREET ADDRESS 265 SUNRISE AV., #204	
CITY-ST-ZIP PALM BEACH, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lisi, Andrea S	
STREET ADDRESS 220 Sunrise Avenue, Suite 206	
CITY-ST-ZIP Palm Beach, FL 33480	
TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Safran, Paul Jr.	
STREET ADDRESS 220 Sunrise Avenue, Suite 206	
CITY-ST-ZIP Palm Beach, FL 33480	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE **3/20/06** DAYTIME PHONE **961-832-5696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR