2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# 226407

Entity Name: NEUKOM PROPERTIES, INC.

Current Principal Place of Business:

FAIRVIEW HEIGHTS RD
ZEPHYRHILLS, FL 33539 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1647
ZEPHYRHILLS, FL 33539 US

New Mailing Address:

FEI Number: 59-6058187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEUKOM, ANN BROOKE
38444 5TH AVENUE (MAILING ADDRESS)
ZEPHRYHILLS, FL 33540 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NEUKOM JR,GEORGE A,
Address: 8211 FORT KING ROAD
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: STD ( ) Delete
Name: NEUKOM, ANN BROOKE,
Address: 8211 FORT KING ROAD
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: STD ( ) Delete
Name: OAKLEY, TAMARA NEUKO, M
Address: 8423 FORT KING ROAD
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: VD ( ) Delete
Name: NEUKOM, GEORGE A., I, II
Address: 8341 FORT KING ROAD
City-St-Zip: ZEPHYRHILLS, FL 33541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN BROOKE NEUKOM STD 01/29/2009

Electronic Signature of Signing Officer or Director Date