2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 456613

FILED Mar 27, 2009 Secretary of State

Entity Name: FLORIDA INVESTMENT PROPERTIES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
6068 S AF STE 1	POPKA VINEL	AND RD		
	O, FL 32819			
Current N	Mailing Addre	ss:	New Mailing Addres	s:
STE 1	POPKA VINELA D, FL 32819	AND RD		
	: 59-1361482	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
6068 S AF	, RONALD POPKA VINEL	AND RD		
	D, FL 32819 l	JS		
The above	•		ourpose of changing its registere	ed office or registered agent, or both,
ORLANDO The above n the Stat	e named entity e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
ORLANDO The above n the Stat	e named entity e of Florida. RE:			ed office or registered agent, or both, Date
ORLANDO The above n the Stat SIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the p		
ORLANDO The above In the Stat SIGNATU Election Ca	e named entity e of Florida. RE: Electro	submits this statement for the particle of Registered Ageing Trust Fund Contribution ().	ent	Date
ORLANDO The above In the Stat SIGNATU Election Ca	e named entity e of Florida. RE: Electro mpaign Financir S AND DIREC	submits this statement for the prince Signature of Registered Ageing Trust Fund Contribution (). CTORS:) Delete CIA, L BLVD	ent	
ORLANDO The above In the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECT P (HARTOG, LUC 8804 BAY HIL ORLANDO, FL	submits this statement for the prince Signature of Registered Ageing Trust Fund Contribution (). CTORS:) Delete CIA, L BLVD.	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: LUCIA HARTOG PRES 03/27/2009