2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 A Secretary of State **DOCUMENT #491399** 1. Entity Name JP REALTY PARTNERS, INC. Principal Place of Business Mailing Address **5533 WINDRIFT LANE** 12203 STRICKLAND RD BOCA RATON, FL 33433 US RALEIGH, NC 27613 03142007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2419441 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POLITIS, JOHN DO NOT WRITE 5533 WINDRIFT LANE BOCA RATON, FL 33433 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** Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE POLITIS, JOHN NAME 12203 STRICKLAND RD. STREET ADDRESS CITY-ST-ZIP RALEIGH, NC 27613 **VPDS** TITLE U00000726672 POLITIS, JO NAME 05/04/07-80016-023 150.00 STREET ADDRESS 5533 WINDRIFT LANE CITY-ST-ZIP BOCA RATON, FL 33433 TITLE NAME POLITIS, AMANDA STREET ADDRESS 5533 WINDRIFT LANE DO NOT WRITE CITY-S7-ZIP BOCA RATON, FL 33433 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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.

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NAME STREET ADDRESS CITY-ST-ZIP

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ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

919-241-4500