

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90036 019 \*\*\*\*70.00

**2006 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

40006400

<b>DOCUMENT # 710315</b> 1. Entity Name <b>PI KAPPA PHI PROPERTIES, INC.</b>					
Principal Place of Business <b>2102 CAMBRIDGE BELTWAY DR          STE A          CHARLOTTE, NC 28273 US</b>			Mailing Address <b>P. O. BOX 240526          CHARLOTTE, NC 28224</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>59-6216310</b>	
				Applied For 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>HIGHTOWER, NATHAN          625 COURT ST., 2ND FL.          CLEARWATER, FL 33756</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARNARD, CHARLES J</b> <b>201 E WASHINGTON ST FL 19</b> <b>PHOENIX, AZ 85004</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Corson, Edward L</b> <b>3519 Verona Trl</b> <b>Roanoke, VA 24018-4916</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATERNO, ROBERT J</b> <b>229 SW 31ST ST</b> <b>FT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Linder, Nicholas J.</b> <b>320 E University St. Apt 1</b> <b>Bloomington, IN 47401-4102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>STUCKEL, JAY J</b> <b>6161 KERTH RD</b> <b>ST LOUIS, MO</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Hancock, Ira T.</b> <b>6609 Bay Laurel Ct. NE</b> <b>St. Petersburg, FL 33703-3172</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LEAK, J COUNCILL</b> <b>702 SOUTHWEST 8TH ST</b> <b>BENTONVILLE, AR 72716</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dodd, Jason K</b> <b>4329 Hyer St.</b> <b>Dallas, TX 75205</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>LINDER, GREGORY V</b> <b>2721 W HAMPTON CIRCLE</b> <b>DELRAY BEACH, FL 33445</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ASPINWALL, GLENN</b> <b>300 COLONIAL CENTER PARKWAY, STE. 200</b> <b>ROSEWELL, GA 30076</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: <i>Alan Hancock</i>			Date: <b>1-5-06</b>		Daytime Phone #: <b>678-461-3305</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					