2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710315

FILED Jan 16, 2008 Secretary of State

Entity Name: PI KAPPA PHI PROPERTIES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2102 CAMBRIDGE BELTWAY DR STE A			2015 AYRSLEY TOW STE 200		
CHARLOT	TE, NC 28273	B US	CHARLOTTE, NC 2	8273 US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P. O. BOX CHARLOT	240526 TE, NC 28224	l .			
FEI Number	: 59-6216310	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
625 COUF	/ER, NATHAN RT ST., 2ND FL ATER, FL 3375				
The above in the State	named entity see of Florida.	submits this statement for the pu	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () BARNARD, CHA 201 E WASHING PHOENIX, AZ 8	GTON ST FL 19	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () PATERNO, ROE 229 SW 31ST S FT LAUDERDAL	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () HANCOCK, TIM 660 BAY LAURE ST. PETERSBU	EL CT NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () CORSON, ED 3519 VERONA ROANOKE, VA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () LINDER, GREG 2721 W HAMPT DELRAY BEACH	ON CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ASPINWALL, G	CENTER PARKWAY, STE. 200	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN ASPINWALL PD 01/16/2008