


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90009 007 \*\*\*\*61.25

<b>DOCUMENT # 727174</b>	
1. Entity Name <b>MIDNIGHT PASS PROPERTIES INC</b>	

Principal Place of Business <b>6157 MIDNIGHT PASS ROAD SARASOTA FL 34242</b>	Mailing Address <b>C/O CASEY CONDO MGMT 4370 SOUTH TAMiami TR SUITE 102 SARASOTA FL 34231</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-1603080</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SPENCE, BRIDGETT CASEY CONDOMINIUM MANAGEMENT 4370 SOUTH TAMiami TR SUITE 102 SARASOTA FL 34231</b>
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7. Name and Address of New Registered Agent	
Name <b>Spence, Bridget</b>	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 *Bridget Spence* **4/13/07**  
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SESTI, STEVE <input checked="" type="checkbox"/> Delete 6157 MIDNIGHT PASS ROAD, # E55 SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CICORA, GLENN <input checked="" type="checkbox"/> Delete 6157 MIDNIGHT PASS ROAD A11 SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIDDLETON, JAQUELINE <input type="checkbox"/> Delete 6157 MIDNIGHT PASS RD SUITE E61 SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEPHENS, VIRGINIA <input checked="" type="checkbox"/> Delete 6157 MIDNIGHT PASS ROAD A73 SARASOTA FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCARELLA, TONY <input type="checkbox"/> Delete 4006 SHELBY RD YOUNGSTOWN OH 44511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGATO, VINCENT <input type="checkbox"/> Delete 6157 MIDNIGHT PASS RD SUITE A21 SARASOTA FL 34242

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEN COWLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELGATO, VINCENT <input checked="" 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 Section 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: *[Signature]* **4/13/07 (94) 922-3391**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #