


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90407 043 \*\*\*150.00

<b>DOCUMENT # 841828</b> 1. Entity Name ANP PROPERTIES I CORP.	
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Principal Place of Business 2 PARAGON DRIVE - TAX DEPARTMENT MONVALE, NJ 07645	Mailing Address 2 PARAGON DRIVE - TAX DEPARTMENT MONVALE, NJ 07645
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<b>DO NOT WRITE IN THIS SPACE</b>
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<b>6. Name and Address of Current Registered Agent</b>  BLUMBERG EXCELSIOR CORPORATE SERVICES INC. 4435 OLD WINTER GARDEN RD. ORLANDO, FL 32811
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSS, WILLIAM 2 PARAGON DR MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUALTIERI, MICHAEL 2 PARAGON DRIVE MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGARRY, CHRISTOPHER 2 PARAGON DRIVE MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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 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.

**SIGNATURE:** Michael Gualtieri 4/18/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #