


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

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| DOCUMENT # F00000001154 |  |
| 1. Entity Name TUCKER PROPERTIES INC. | |

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|---|---|
| Principal Place of Business 1106 WHITE STREET KEY WEST, FL 33040 US | Mailing Address 1106 WHITE STREET ATTN: DAWN THORNBURGH KEY WEST, FL 33040 |
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01072008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 98-0218529 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

THORNBURGH, MS DAWN
 1106 WHITE STREET
 KEY WEST, FL 33040

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

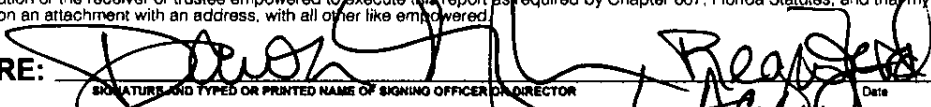
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LATERNSE, ANITA STADTLE 28 9490 VADUZ PRINCIPALITY OF LIECHTESTEIN, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D IPC MANAGEMENT TRUST REG. STADTLE 28 9490 VADUZ PRINCIPALITY OF LIECHTESTEIN, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/15/08-80029-004 150.00

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:  **Revised 10.07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #