## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000001376

Entity Name: OFFICE SUITES PLUS PROPERTIES, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
2333 ALEXANDRIA DRIVE LEXINGTON, KY 405043215								
Current Mailing Address:				New Mailing Address:				
2333 ALEXANDRIA DRIVE LEXINGTON, KY 405043215								
FEI Number: 52-2105540 FEI Number Applied For ( ) FEI Number			FEI Numi	mber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								:
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US								
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.								
SIGNATURE:								
	ent		Date					
Election Campaign Financing Trust Fund Contribution ( ).								
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	COB () E COWGILL, NORN 2640 PARIS PIKE LEXINGTON, KY		1	Title: Name: Address: City-St-Zip:		() Change(	) Addition	
Title: Name: Address: City-St-Zip:	PSD () EBAUGHMAN, JAM 2124 ISLAND DR LEXINGTON, KY	IVE	1	Title: Name: Address: City-St-Zip:		() Change (	) Addition	
Title: Name: Address: City-St-Zip:	CFO () E VITTITOW, DONA 4508 MEADOWB LEXINGTON, KY	RIDGE COURT	1	Title: Name: Address: City-St-Zip:		(X) Change( DONALD F OWBROOK C N, KY 40503		
Title: Name: Address: City-St-Zip:	V ()E BEAUCHAMP, SO 102 REDWOOD RICHMOND, KY	DR.	1	Title: Name: Address: City-St-Zip:		() Change(	) Addition	
Title: Name: Address: City-St-Zip:	D () E DUPREE, THOM/ PO BOX 1149 LEXINGTON, KY		1	Title: Name: Address: City-St-Zip:	D DEAN, DOU 106 W VINE LEXINGTON		( ) Addition	
Title: Name: Address: City-St-Zip:	D () E FURST, RICHARI 2133 ROTHBURF LEXINGTON, KY	RD	1	Title: Name: Address: City-St-Zip:		() Change (	) Addition	
I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears								

SIGNATURE: DONALD VITTITOW

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

04/25/2006 Date

CFO