

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90090 010 \*\*\*\*50.00  
04-10-2006 90335 041 \*\*\*100.00

<b>DOCUMENT # F00000003989</b> 1. Entity Name <b>GINSBURG PROPERTIES, INC.</b>			
Principal Place of Business <b>245 SAW MILL RIVER ROAD HAWTHORNE, NY 10532</b>		Mailing Address <b>245 SAW MILL RIVER ROAD HAWTHORNE, NY 10532</b>	
2. Principal Place of Business <b>100 Summit Lake Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>100 Summit Lake Drive</b> Suite, Apt. #, etc.	
City & State <b>Yonkers, New York</b> Zip <b>10595</b>		City & State <b>Yonkers, New York</b> Zip <b>10595</b>	
Country <b>United States</b>		Country <b>United States</b>	
4. FEI Number <b>13-3799779</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>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD GINSBURG, SAMUEL 245 SAW MILL RIVER ROAD HAWTHORNE, NY 10532	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GINSBURG, ADAM 245 SAW MILL RIVER ROAD HAWTHORNE, NY 10532	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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.			
<b>SIGNATURE:</b> <u>Christine McWalters CEO</u> <u>1/20/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>			

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