

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001718

FILED
Apr 18, 2007
Secretary of State

Entity Name: AMERICAN CONTINENTAL PROPERTIES, INC.

Current Principal Place of Business:

400 PARK AVENUE
7TH FLOOR
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

400 PARK AVE.
7TH FLOOR
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 13-2946853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD (X) Delete
Name: PIEDIMONTE, STEFANO
Address: C/O ACP; 400 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: EVP (X) Delete
Name: SPEAKE, JAMES
Address: C/O ACP; 400 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: VP () Delete
Name: FRAEHMKE, THOMAS W
Address: C/O ACP; 400 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: SEC () Delete
Name: CREDITINO, ANNEMARIE
Address: C/O ACP; 400 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: CFO () Delete
Name: AXELROD, MATTHEW B
Address: C/O ACP; 400 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: FRAEHMKE, THOMAS W
Address: C/O ACP; 400 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DALY, BARBARA
Address: C/O ACP; 400 PARK AVENUE
City-St-Zip: NEW YORK, N 10022

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

SIGNATURE: ANNEMARIE CREDITINO

SEC.

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date