#### الأبيها مبراء

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # F51862

1. Entity Name

INDIAN RIVER INVESTMENT PROPERTIES, INC.



Mailing Address

1623 N. U.S. #1, SUITE A-3 SEBASTIAN, FL 32958

Principal Place of Business

1623 N. U.S. #1, SUITE A-3 SEBASTIAN, FL 32958

### FILED Apr 21, 2008 08:00 All Secretary of State



04092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2134199

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABELSON, J. JAMES 1623 N. US #1, SUITE A-3 SEBASTIAN, FL 32958

NAME STREET ADDRESS CITY-ST-ZIP

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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 Flonda I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD ABELSON, J. JAMES 1623 N US 1, STE A-3 SEBASTIAN, FL 32958				U00000909121 05/06/03-80058-003 150.00
NAME STREET ADDRESS CITY-ST-ZIP	ST ABELSON, J. JAMES 1623 N US 1. STE A-3 SEBASTIAN, FL 32958				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Date Daystric Phone of Daystric Phone of