

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000003981

1. Entity Name
SSI PROPERTIES, INC.



Principal Place of Business
 20 S. SANTA CRUZ AVE #300
 LOS GATOS, CA 95030

Mailing Address
 20 S. SANTA CRUZ AVE #300
 LOS GATOS, CA 95030



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number **77-0188919** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

U00000570581
 07/17/06-80007-012 550.00

10. OFFICERS AND DIRECTORS

TITLE CP
 NAME STONE, ROCHELLE
 STREET ADDRESS 20 S. SANTA CRUZ AVE #300
 CITY-ST-ZIP LOS GATOS, CA 95030

TITLE S
 NAME PACIOLLA, JEROME
 STREET ADDRESS 20 S. SANTA CRUZ AVE #300
 CITY-ST-ZIP LOS GATOS, CA 95030

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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: _____

Jerome Paciolla, Secretary

7-6-06 408-356-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #