## **2005 FOR PROFIT CORPORATION**

## ANNUAL REPORT FILED Jan 24, 2005 08:00 AM **DOCUMENT # F98000006033 Secretary of State** 1. Entity Name INVESTMENT INCOME PROPERTIES OF AMERICA, INC. Mailing Address Principal Place of Business 950 N. FEDERAL HWY #219 950 N, FEDERAL HWY #219 POMPANO BEACH, FL. 33062 POMPANO BEACH, FL 33062 01152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0544042 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAYNE, FREDRIC B DO NOT WRITE 950 N. FEDERAL HWY #219 POMPANO BEACH, FL 33062 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 9. Election Campaign Financing FILE NOWIII FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LAYNE, FREDRIC B NAME STREET ADDRESS 950 N. FEDERAL HWY #219 U00000191509 01/24/05-80176-014 158.75 CITY-ST-ZIP POMPANO BEACH, FL 33062 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attackment with an address, with all other like empowered.

**SIGNATURE:** 

TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR