2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G00549

1. Entity Name
SHOPPING CENTER INVESTMENTS, INC.

Principal Place of Business	Mailing Address
5533 WINDRIFT LANE BOCA RATON, FL 33433 US	12203 STRICKLAND RD RALEIGH, NC 27613 US

DO NOT WRITE IN THIS SPACE

01192006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2238792	Not Applicable

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

6. Name and Address of Current Registered Agent

POLITIS, JOHN
5533 WINDRIFT LANE
BOCA RATON, FL 33433

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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 $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLITIS, JOHN
STREET ADDRESS	12203 STRICKLAND RD
CITY-ST-ZIP	RALEIGH, NC 27613

TITLE	VSD
NAME	POLITIS, JO
STREET ADDRESS	5533 WINSDRIFT LANE
CITY-ST-ZIP	BOCA RATON, FL

TITLE	VPD
NAME	POLITIS, AMANDA
STREET ADDRESS	5533 WINDRIFT LANE
CITY-ST-ZIP	BOCA RATON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/06-80104-010 150.00

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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: _Jo Politis - Jo Politis_   4-10-06   919-841-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #