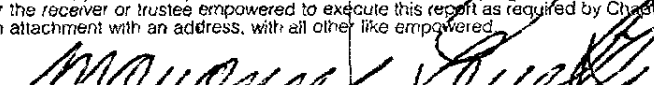


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # G23646 1. Entity Name PENN PROPERTIES, INC.			
Principal Place of Business 1412 1/2 EAST CONCORD STREET P.O. BOX 536298 ORLANDO FL 32853 US		Mailing Address P.O. BOX 536298 ORLANDO FL 32853 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
Country		Country	
4. FEI Number 59-2304782		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GENETTI, MARIANNE E. 1412 1/2 E. CONCORD ORLANDO FL 32803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	
NAME	GENETTI, MARIANNE		☐ Change ☐ Addition
STREET ADDRESS	1412 1/2 E. CONCORD		
CITY- ST- ZIP	ORLANDO FL		
TITLE	S	☐ Delete	☐ Change ☐ Addition
NAME	MANNS, PAT		
STREET ADDRESS	C/O 1412 1/2 E CONCORD ST		
CITY- ST- ZIP	ORLANDO FL 32803		
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		2-1-06	