

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90426 015 ***150.00

DOCUMENT # H08675			
1. Entity Name CONSOLIDATED INVESTMENT PROPERTIES, INC.			
Principal Place of Business 109 COMMERCE SUITE 1101 LAKE MARY, FL 32746		Mailing Address 109 COMMERCE SUITE 1101 LAKE MARY, FL 32746	
DO NOT WRITE IN THIS SPACE			
		 04282005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2894152	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELLO RUSSO, ROBERT 109 COMMERCE ST SUITE 1101 LAKE MARY, FL 32746			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	DP		
NAME	DELLO RUSSO, ROBERT		
STREET ADDRESS	109 COMMERCE ST. #1101		
CITY-ST-ZIP	LAKE MARY, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-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 attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____	Daytime Phone # _____