

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90075 030 ***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	
2. Principal Place of Business - No P.O. Box # 531 Codisco way		3. Mailing Address 531 Codisco way	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Sanford FL		City & State Sanford, FL	
Zip 32771	Country USA	Zip 3277	Country USA
4. FEI Number 59-2894152		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent Name Robert Dello Russo Street Address (P.O. Box Number is Not Acceptable) 531 Codisco way City Sanford FL Zip Code 32771	
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, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP DELLO RUSSO, ROBERT 109 COMMERCE ST. #1101 LAKE MARY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DP Dello Russo, Robert 531 Codisco way Sanford, FL, 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/30/07 407-333-2665 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			