

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # H47287 | |
| 1. Entity Name PROPERTIES OF LPS, INC. | |
| Principal Place of Business 1401 S. OCEAN BLVD. #502 BOCA RATON, FL 33432 US | Mailing Address P.O. BOX 6204 MANCHESTER, NH 03108-6204 |



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|--|-------------------------------|
| 4. FEI Number 59-3022207 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

GLADSTONE, STEPHEN R ESQ
7301 A WEST PALMETTO PARK ROAD
SUITE 305-C
BOCA RATON, FL 33433-3466

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD BEVELAQUA, WILLIAM A 726 E. INDUSTRIAL PARK DR., #11 MANCHESTER, NH 031086204 |
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04/04/05-80047-004 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Bevelaqua

3/25/05

Date

603-898-9900

Day/Te Phone #