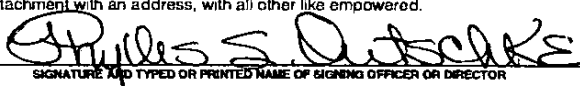


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90289 049 ***150.00

DOCUMENT # H66161 1. Entity Name NORMAN-ALEXANDER INVESTMENT PROPERTIES, INC.					
Principal Place of Business 1413 S HOWARD SUITE 214 TAMPA, FL 33629 US			Mailing Address 1509 S BAY VILLA PL TAMPA, FL 33629 US		
2. Principal Place of Business 806 W. DeLeon St Suite 100 Tampa, FL		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2567073		Applied For ☐ Not Applicable		04012005 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent DUTSCHKE, PHYLLIS S. 1509 BAY VILLA PL TAMPA, FL 33629	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PST DUTSCHKE, PHYLLIS S. 1509 BAY VILLA PLACE TAMPA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUTSCHKE, PHYLLIS S. 1509 BAY VILLA PLACE TAMPA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUTSCHKE, PHYLLIS S. 1509 BAY VILLA PLACE TAMPA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUTSCHKE, PHYLLIS S. 1509 BAY VILLA PLACE TAMPA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUTSCHKE, PHYLLIS S. 1509 BAY VILLA PLACE TAMPA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUTSCHKE, PHYLLIS S. 1509 BAY VILLA PLACE TAMPA, FL	☐ Delete			
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:  4/15/05 813.251.4811 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					