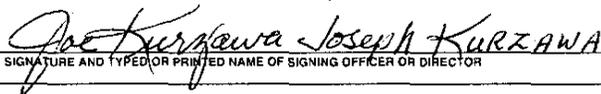


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90002 038 ***150.00

DOCUMENT # J32905			
1. Entity Name NEW PROPERTIES, INC.			
Principal Place of Business 130-87 AVENUE, NORTH ST. PETERSBURG, FL 33702 US		Mailing Address 130-87 AVENUE, NORTH ST. PETERSBURG, FL 33702 US	
2. Principal Place of Business Spring Lake Village VIII Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State SEBRING, FLORIDA		City & State	
Zip 33870	Country U.S.A.	Zip	Country
4. FEI Number 59-2742483		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 DOUGLAS, MICHAEL 130-87 AVENUE, NORTH ST. PETERSBURG, FL 33702 (FORMER)		7. Name and Address of New Registered Agent Name: MR. TOM ELTER Street Address (P.O. Box Numbers Not Acceptable): 105 LIN ROAD City: SEBRING FLORIDA FL 33876	
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: 		DATE: 6-23-04	
SIGNATURE (Typed or Printed Name of Registered Agent and Title if Applicable)		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	TITLE	
NAME	KURZAWA, JOSEPH	NAME	
STREET ADDRESS	837 QUEEN STREET, WEST	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO, M6J 1G1	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: June 21, 2004 1-416-207-0667	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

54058813



06092004 Chg-P CR2E034 (10/03)