


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # J35389 1. Entity Name EISENHOWER PROPERTIES, INC.	
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Principal Place of Business C/O PETER LAWRENCE COMM RE 4710 EISENHOWER BLVD., STE. C-1 TAMPA, FL 33634-6334	Mailing Address C/O PETER LAWRENCE COMM RE 4710 EISENHOWER BLVD., STE. C-1 TAMPA, FL 33634-6334
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01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2726395	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ABRAMS, ALLAN
4710 EISENHOWER BLVD
STE C1
TAMPA, FL 33634

**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 signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000702939
04/20/07-80121-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABRAMS, ALLAN 4710 EISENHOWER BLVD. STE C-1 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LLEWELLYN, ROBERTA 4710 EISENHOWER BLVD STE C-1 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMS, ELAINE 4710 EISENHOWER BLVD. STE C-1 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOVER, KRISTOPHER 4710 EISENHOWER BLVD., C-1 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristopher Hoover
Kristopher Hoover
President

Date

2/28/07

Daytime Phone

813-888-8855