

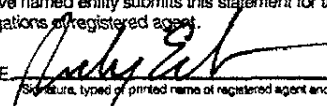
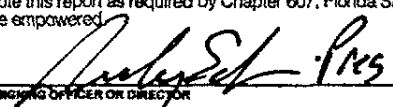


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # J49769 1. Entity Name FLORIDA PROPERTY CONSULTANTS, INC.		
Principal Place of Business 6570 EMERSON AVE S SAINT PETERSBURG, FL 33707 US		Mailing Address P O BOX 12823 ST PETERSBURG, FL 33733
DO NOT WRITE IN THIS SPACE		
		 04122005 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2770398		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 DUNN, RICKY E 6570 EMERSON AVE SOUTH ST. PETERSBURG, FL 33707		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  (NOTE: Registered Agent signature required when reinstating) 4/11/06 DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS DUNN, RICKY E 6570 EMERSON AVE ST. PETERSBURG, FL 33707	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DUNN, TIMOTHY B 1019 60TH AVENUE NORTH SAINT PETERSBURG, FL 33703	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: Ricky E Dunn  4/11/06 727 421 4234 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		