
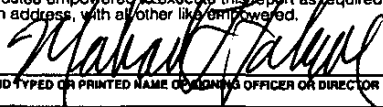


## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # K11783</b>		
1. Entity Name <b>MIDLAND REALTY INVESTMENT CORPORATION</b>		
Principal Place of Business <b>33 N GARDEN AVE STE 1200 CLEARWATER, FL 33755 US</b>		Mailing Address <b>621 EAST PRATT STREET SUITE 300 BALTIMORE, MD 21202 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		06202005 No Chg-P CR2E034 (10/03)
4. FEI Number <b>31-1231397</b>		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCONE, MICHAEL 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, MARK 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202	
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 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: 		Michael Falcone 6-20-05