


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90060 001 ***300.00

DOCUMENT # L03306 1. Entity Name 94TH AVENUE PROPERTIES, INC.	
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Principal Place of Business 500 94TH AVENUE NORTH ST PETERSBURG, FL 33702-2406 US	Mailing Address 500 94TH AVENUE NORTH ST PETERSBURG, FL 33702-9406
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DO NOT WRITE IN THIS SPACE

66001770



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2959105	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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 WELLS, PETER B 500 94TH AVENUE NORTH ST PETERSBURG, FL 33702-9406

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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 _____
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 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHATZEL, PETER C 8879 15TH LN N SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WELLS, PETER B 1311 MONTICELLO BLVD. N. 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	

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: <i>Peter B. Wells</i> PETER B. WELLS	1-25-06	727-518-1040
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>