2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L20606

Entity Name: PAPPAS PROPERTIES, INC.

Current Principal Place of Business:

19001 BISCAYNE, BLVD
P.O. BOX 630507 OJUS, FL. 33163
MIAMI, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 630785
PO BOX 630785
OJUS, FL 33136 US

New Mailing Address:

FEI Number: 65-0146114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAPPAS, STEVEN J V
19025 BISCAYNE BOULEVARD
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PAPPAS, JAMES,
Address: PO BOX 630785
City-St-Zip: OJUS, FL 33163

Title: DV ( ) Delete
Name: PAPPAS, LAVERNE,
Address: PO BOX 630785
City-St-Zip: OJUS, FL 33163

Title: VTD ( ) Delete
Name: PAPPAS, STEVEN J.,
Address: P O BOX 630785
City-St-Zip: OJUS, FL 33163

Title: S ( ) Delete
Name: JACKSON, CAROLYN P
Address: P O BOX 630785
City-St-Zip: OJUS, FL 33163

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PAPPAS, JAMES
Address: PO BOX 630785
City-St-Zip: OJUS, FL 33163

Title: DV (X) Change ( ) Addition
Name: PAPPAS, LAVERNE
Address: PO BOX 630785
City-St-Zip: OJUS, FL 33163

Title: VTD (X) Change ( ) Addition
Name: PAPPAS, STEVEN J
Address: P O BOX 630785
City-St-Zip: OJUS, FL 33163

Title: SD (X) Change ( ) Addition
Name: JACKSON, CAROLYN P
Address: P O BOX 630785
City-St-Zip: OJUS, FL 33163

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN J PAPPAS V 05/01/2006

Electronic Signature of Signing Officer or Director Date