2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L32740

1. Entity Name

INTERTRUST PROPERTIES, INC.

Principal Place of Business

409 W HALLANDALE BCH BLVD

STE 200

HALLANDALE, FL 33009



FILED Jan 31, 2006 08:00 AM Secretary of State

Mailing Address 409 W HALLAN

409 W HALLANDALE BCH BLVD

STE 200

HALLANDALE, FL 33009



01202006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0166798 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additionat Fee Required

6. Name and Address of Current Registered Agent

MARINO, JOHN 409 W. HALLANDALE BEACH BLVD SUITE 200

HALLANDALE, FL 33009

DO	NOT	WRITE
IN	THIS	SPACE

		}			
	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	ourpose of changing its registere	d office or	registered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and the	f applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
FIL After Mi	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			the first water
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD MARINO, JOHN R. 409 W. HALLANDALE BLVD., S-200 HALLANDALE, FL			-	en e
TITLE NAME STREET ADDRESS CITY-SI-ZIP					000000410929 02/09/06-80056-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ABORESS 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 life empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1-20-06

954-456-2122