2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

Aug 09, 2006 8:00 am Secretary of State 07-19-2006 90008 007 ***150.00 DOCUMENT # L38057 ACARUS PROPERTIES, INC. Principal Place of Business 66022871 Mailing Address 2025 SW 2 AVE P 080X 450220 1500 SAN REMO AVE., STE. 125 MIAMI, FL 33245-0220 US MIAMI, FL 33129 US No Chg-P CR2E034 (11/05) 07072006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0161825 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. DO NOT WRITE 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Speakure, typed or presid name of registered agent and tide it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. \Box Trust Fund Contribution. Due by September 6, 2006 10. OFFICERS AND DIRECTORS TILLE GINSBURG, DENNIS NAME STREET ADDRESS 1500 SAN REMO AVE., #125 CITY-ST-ZIP CORAL GABLES, FL TITLE STREET ADDRESS City-St-202 TITLE STREET ADDRESS DO NOT WRITE CITY-SI-71P TILLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS 12. Thereby 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 truef and accurate and thermy signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee impowered to execute this report as proured by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 in a state of the corporation or the receiver or trustee in Block 10 or Block 11 if the chapter 607 in a state of the corporation of the receiver or trustee in Block 10 or Block 11 if the chapter 607 in a state of the corporation of the receiver or trustee in Block 10 or Block 11 if the chapter 607 in a state of the corporation of the receiver or trustee in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 10 or Block 11 if the chapter 607 in Block 10 or Block 11 if the chapter 607 in Block 10 or Block 10 or Block 11 if the chapter 607 in Block 10 or Block 10 or Block 10 or Block 11 if the chapter 607 in Block 10 or Block 10 or Block 11 if the

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1. Entity Na	MENT # L38057)			ATTACHMENT				
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2. Principal	Place of Business	3. Mailing Address	3. Mailing Address			Line III			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01172006	Chg-P	CR2E	034 (11/	05)
City & State		City & State			4. FE) Num 65-01	ber 61825		F	Applied For Not Applicable
Zip	Country	Zip Coun		ry		e of Status Desired	0	\$8.75 Fee Reg	Additional
	6. Name and Address of Current	Registered Agent	<u>'</u>	l	7. Name an	d Address of New Ri	egistered		
ATRIUM REGISTERED AGENTS, INC.				Name					
	REMO AVENUE, SUITE 125 ABLES, FL 33146		-	Steet Address (P	P.O. Box Num	per is Not Acceptable)		
			}	City				Zip C	
B The shows	named entity submits this statement to	(eqistereri	•	denent or he	oth in the State of Elec	FL	• [
 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.	Signature, typed or printed name of registered agent	and spir if applicable. (NOTE:	Registered A	igen signature required w	nen reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					O May Be				
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFIC	ERS AND	DIRECTO	AS IN 11
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1. Thereby ce indicated collina corp	ertify that the information supplied with in this report or supplementa/report if to oration or the receiver of trustee empty or on an attachment with an address, wi	rue and accurate and that my : rered to expendenthis reportes	offy-tr-z re exempli signature required t	tions contained in (Chapter 119, e legal effect xida Statutes:	Florida Statules, I furthers if made under oath; and that my name ap	ner certify that I am pears in E	thar the in an officer book 10 or	formation or director Block 11 If
IGNATURE: SKINATURE TYPED OR ARM ED HAME OF SIGNING OFFICER OR DIRECTOR OVER THE OWNER PROTECTION OF THE OWNER PROTECTION OWNE									
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JOSE R. GOMEZ, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT

1400 S.W. 27™ AVE. • No. 102 • MIAMI, FL 33135

TEL. 305-644-1223 • FAX: 305-644-1228

66032871

July 11, 2006

Division of Corporation PO Box 6198 Tallahassee, FL 32314

RE: ACARUS PROPERTIES INC. DOCUMENT No.: L38057 FORM: ANNUAL REPORT

This letter is in regards to your notice of intent to dissolve, copy enclosed, for the above referenced taxpayer. Enclosed please find a copy of the annual report that was originally filed on a timely basis, and check for the tax due.

The report was mailed through the general mailing system. Due to some unforeseen circumstance not in our control, the form never arrived your offices. Please adjust your records accordingly. Thank you for your prompt attention to this matter.

JOSE R. GOMEZ, C.P.A.

Enclosures

Member of: Florida Institute of Certified Public Accountants