

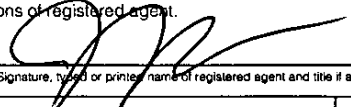
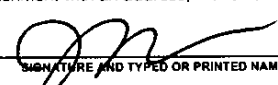


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90062 032 \*\*\*150.00

<b>DOCUMENT # L78358</b> 1. Entity Name <b>MESA PROPERTIES, INC.</b>					
Principal Place of Business <b>435 S RIDGEWOOD</b> <b>203</b> <b>DAYTONA BEACH, FL 32114 US</b>			Mailing Address <b>435 S RIDGEWOOD</b> <b>203</b> <b>DAYTONA BEACH, FL 32114 US</b>		
2. Principal Place of Business <b>3575 LAKE MARY BLVD.</b>		3. Mailing Address <b>3575 LAKE MARY BLVD.</b>			
Suite, Apt. #, etc. <b>SUITE 103</b>		Suite, Apt. #, etc. <b>SUITE 103</b>			
City & State <b>LAKE MARY, FL</b>		City & State <b>LAKE MARY, FL</b>			
Zip <b>32746</b>		Zip <b>32746</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-3025448</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>COPELAND, J. ROBERT</b> <b>336 TARTAN</b> <b>LONGWOOD, FL 32750</b>					
7. Name and Address of New Registered Agent Name <b>J. ROBERT COPELAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>113 RED SKY COURT</b> City <b>LAKE MARY</b> <b>FL</b> Zip Code <b>32746</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:  DATE: <b>2/3/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE	<b>PST</b> <input type="checkbox"/> Delete				
NAME	<b>COPELAND, J. ROBERT</b>				
STREET ADDRESS	<b>435 S RIDGEWOOD AVE STE 203</b>				
CITY - ST - ZIP	<b>DAYTONA BEACH, FL 32114</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
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 like empowered.					
SIGNATURE:  <b>2/3/06 (407) 342-3602</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					