2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# N03000008465

Entity Name: 58TH STREET PROPERTIES, INC.

Current Principal Place of Business:

12202 NORTH 58TH STREET
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

12202 NORTH 58TH STREET
TAMPA, FL 33617

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, BARRY L MR.
6709 PEACHTREE DRIVE
TEMPLE TERRACE, FL 33617 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HAMILTON, THOMAS
Address: 12202 NORTH 58TH STREET
City-St-Zip: TAMPA, FL 33617

Title: SD ( ) Delete
Name: WALLACE, BARRY
Address: 12202 NORTH 58TH STREET
City-St-Zip: TAMPA, FL 33617

Title: TD ( ) Delete
Name: GLASS, CHARLES
Address: 12202 NORTH 58TH STREET
City-St-Zip: TAMPA, FL 33617

Title: TR ( ) Delete
Name: ROBIN, SHANE
Address: 12202 NORTH 58TH STREET
City-St-Zip: TAMPA, FL 33617

Title: TR ( ) Delete
Name: WININGER, JAYMES
Address: 12202 NORTH 58TH STREET
City-St-Zip: TAMPA, FL 33617

Title: TR ( ) Delete
Name: WARNER, GUY
Address: 12202 NORTH 58TH STREET
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY L WALLACE SD 02/28/2009

Electronic Signature of Signing Officer or Director — Date