2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000949

Entity Name: PALM HARBOR PROFESSIONAL PLAZA, INC.

FILED Feb 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

29 NORTH PINELLAS AVENUE 29 N. PINELLAS AVENUE TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689

Current Mailing Address: New Mailing Address:

29 NORTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689
29 N. PINELLAS AVENUE
TARPON SPRINGS, FL 34689
TARPON SPRINGS, FL 34689

FEI Number: 20-2257404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DRIS, MICHAEL E ESQ.
29 NORTH PINELLAS AVENUE
TARPOR SPRINGS, FL 34689 US
DRIS, MICHAEL E ESQ.
29 N. PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

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: MICHAEL E. DRIS, ESQ. 02/17/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: D (X) Change () Addition Name: DRIS, MICHAEL E Name: D & T PROPERTIES, LL, C Address: 29 NORTH PINELLAS AVENUE 29 N. PINELLAS AVENUE

Address: 29 NORTH PINELLAS AVENUE Address: 29 N. PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD () Delete Title: D (X) Change () Addition Name: PIKOS, MICHAEL A Name: CRC PROPERTIES, LLC,

Address: 29 NORTH PINELLAS AVENUE Address: 3110 US ALT 19

City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: PALM HARBOR, FL 34683

Title: D (X) Delete Title: () Change () Addition Name: TINGIRIDES, STAVROS Name:

Name:TINGIRIDES, STAVROSName:Address:804 NORTH BELCHER ROAD, SUITE 100Address:City-St-Zip:CLEARWATER, FL 33765City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. DRIS D 02/17/2006