


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000003934</b> 1. Entity Name DORELL PROPERTIES, INC.	
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Principal Place of Business 106 DORELL CT. OVIEDO, FL 32765	Mailing Address 106 DORELL CT. OVIEDO, FL 32765
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**DO NOT WRITE IN THIS SPACE**



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3639174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MAHAFFEY, JOHN D JR.  
3113 LAWTON RD., SUITE 225  
ORLANDO, FL 32803

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when substituting) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNICKERBOCKER, CARL J 106 DORELL CT. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNICKERBOCKER, DAVID E 3800 CHARLSTON LOOP OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNICKERBOCKER, THOMAS E 91 DORELL CT. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNICKERBOCKER, SANDRA 3800 CHARLESTON LOOP OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000258992  
03/11/05-80005-025.150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Carl Knickerbocker**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/9/05 407 365 5148  
Daytime Phone #

106 Dorell Ct  
Oviedo, FL 32765