
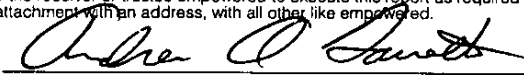


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90002 021 \*\*\*150.00

<b>DOCUMENT # P00000017407</b> 1. Entity Name <b>ANGLO-GERMAN PROPERTY CORPORATION</b>					
Principal Place of Business <b>4635 DEL PRADO BOULEVARD CAPE CORAL, FL 33904</b>				Mailing Address <b>4635 DEL PRADO BOULEVARD CAPE CORAL, FL 33904</b>	
2. Principal Place of Business <b>4427 Del Prado Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>4427 Del Prado Blvd.</b> Suite, Apt. #, etc.			
City & State <b>Cape Coral FL</b> Zip <b>33904</b>		City & State <b>Cape Coral FL</b> Zip <b>33904</b>		4. FEI Number <b>65-1093147</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARNETTE, ANDREW A 4427 DEL PRADO BLVD. CAPE CORAL, FL 33904</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMALLMAN, CHRISTOPHER P 4635 DEL PRADO BOULEVARD CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4427 Del Prado Blvd. Cape Coral FL 33904</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SMALLMAN, ANNA E 4635 DEL PRADO BOULEVARD CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4427 Del Prado Blvd. Cape Coral FL 33904</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date <b>8/23/05</b>		

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08232005 Chg-P CR2E034 (10/03)