2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 01, 2006 08:00 AM **DOCUMENT # P00000019331** Secretary of State D. GREEN PROPERTY MANAGEMENT, CO. Principal Place of Business Mailing Address P.O. BOX 372454 P.O. BOX 372454 SATELLITE BEACH, FL 32937-2454 SATELLITE BEACH, FL 32937-2454 CR2E034 (11/05) 01272006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3628387 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MOSS, JOEL S DO NOT WRITE 47 W. NEW HAVEN AVE., SUITE 200 MELBOURNE, FL 32901 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PSTD GREEN, DANIEL L NAME P.O. BOX 372454 STREET ADDRESS U00000413755 CITY-ST-ZIP SATELLITE BEACH, FL 329372454 02/11/06-80008-008 150.00 TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS DITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 afficer 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREEN 1

321-777-5082

Daylime Phone #

FILED