
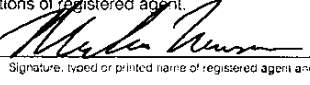
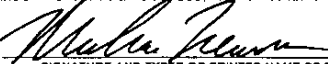


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90081 022 ***150.00

DOCUMENT # P00000028678 1. Entity Name FLORIDA FINESSE PROPERTY MANAGEMENT, INC					
Principal Place of Business 4101 N. OCEAN BLVD D1101 BOCA RATON, FL 33431			Mailing Address 4101 N. OCEAN BLVD D1101 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 9726 US HWY 192		3. Mailing Address 9726 US HWY 192			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CLERMONT, FL		City & State CLERMONT, FL		4. FEI Number NOT APPLICABLE	
Zip 34714		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWMAN, MICHAEL 4101 N. OCEAN BLVD D1101 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name NEWMAN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 9726 US HWY 192 City CLERMONT FL Zip Code 34714			
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  MICHAEL NEWMAN PRESIDENT 1/15/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, MICHAEL 4101 N. OCEAN BLVD BOCA RATON, FL 33431 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, MICHAEL 9726 US HWY 192 CLERMONT, FL 34714 <input checked="" 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	
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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 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 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:  MICHAEL NEWMAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/15/2008 863-353-4500 <small>Daytime Phone #</small>		