ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P00000033603 1. Entity Name FANNY PROPERTIES, INC.				Jan 27, 2006 08:00 AM Secretary of State
6220 RIDGI	ce of Business E ROAD IEY FL 34668	Mailing Address 6220 RIDGE ROAD PORT RICHEY FL 34	668	
2. Principal I	Place of Business	3. Mailing Address		{ \$5600066 \$4 \$650 6660 6600 6000 6000 80006 1000 1000 6000 6
Suite. Apt. #, etc.		Suite, Apt. If, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-3643145 Applied For Not Applied by Applied For
Zip	Country	Zip	Country	Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent
MATTEO, MICHAEL 5212 CORVETTE DRIVE TAMPA FL 33624				(P.O. Box Number is Not Acceptable)
	<i>1</i>		City	Zip Code gred agent, or both, in the State of Florida. 1 am familiar with, and accept
SIGNATURE F After	Dions of registered agent. Specialties, typed or primed name of registering at the NOW.!!! FEE IS \$150.00. May 1, 2006 Fee Will Be \$550 k Payable to Florida Departmen	00	NE Registored Agent arguature recount	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATTEO, MICHAEL 5212 CORVETTE DR TAMPA FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CTFY-ST-ZIP	☐ Change ☐ Addition 1100080405590 02/07/06-80046-805 150.80
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBEL, LOUISE 4913 PENNSBURY DRIVE TAMPA FL 33624	☐ Detete	TITLE NAME STREET ADDRESS OUTY- ST- ZIP	☐ Change ☐ Addillor
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detate	TITLE NAME STREET ADDRESS CIFY-ST-ZIP	☐ Change ☐ Addittor
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TIFLE NAME STRECT AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
of the cor	paration or the receiver or trustee ed, or on an attachment with an additional control of the co	it is true and accurate and that impowered to execute this repo ress, with all other like empower	my signature shall have the ort as required by Chapter 6	ed in Section 119, Florida Statutes I further certify that the information same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11