

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


07-07-2006 90001 049 \*\*\*150.00

P00000077509

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # P00000077509</b>					
1. Entity Name STATES PROPERTIES, INC.					
Principal Place of Business 267 AVALON AVENUE LAUDERDALE BY THE SEA, FL 33308			Mailing Address 267 AVALON AVENUE LAUDERDALE BY THE SEA, FL 33308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1030422	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGERAAR, HOTSE 267 AVALON AVENUE LAUDERDALE BY THE SEA, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	PTSD LANGERAAR, HOTSE 267 AVALON AVENUE LAUDERDALE BY THE SEA, FL 33308 <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: <u>Hotse Langeraar</u>			7.5.6		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

**LANGERAAR**

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**FLORIDA DEPT of STATE**

**Div of Corporations**

PO Box 1500

TALLAHASSEE, FL 32302-1500

July 22, 2006

Re: STATES PROPERTIES, Inc.

**Ref# P00000077509**

STONE COLD PROPERTIES, Inc.

**Ref# P04000031769**

TEMPLAR CAPITAL MARKETS, Inc.

**Ref# P05000033706**

Dear Sirs:

Reference above named companies, undersigned never received necessary paperwork for filing the annual reports on time. It is not clear whether the notices for annual report filing was sent to myself or to my accountant's office, but for future reference, please send all correspondence for above named companies to:

H. Langeraar

267 Avalon Ave

Lauderdale by the Sea, FL 33308-3501

Please waive any additional penalties as per your attached notices.

Your kindest consideration is appreciated.

Sincerely



Hotse Langeraar

Stone Cold Prop / pres

States Prop / pres

Templar Cap Markets / pres