- 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nan	MENT # P000001055 ESTMENT PROPERTIES, INC			Sec	cretary of Stat	е	
744 NORTH Suite A	pe of Business DRIVE E, FL 32934 US	Mailing Address P.O. BOX 411471 MELBOURNE, FL 32941-1471] 			
E	OO NOT WRITE		CE	01212005 4. FEI Numbe 59-368	No Chg-P	CR2E034 (10/03) Applied For Not Applicat \$8.75 Additional Fee Required	ble
6. Name and Address of Current Registered Agent HAY, KANITHA 8146 ANDOVER WAY MELBOURNE, FL 32940			DO NOT WRITE IN THIS SPACE				
8. The above the obligat SIGNATURE	named entity submits this statement for the close of registered agent. Signature, typed or printed name of registed agent and	Kanitha Hay	od office or register	<i>†</i>	h, in the State of Flor	rida. I am familiar with, and accept	pŧ
FILE NOTHIN FEE 10 4 180.00		Election Campaign Finan Trust Fund Contribution.		00 May Be	U000002	?79019 30050-017 158,75	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	OFFICERS AND DIF P HAY, CHINARA 8146 ANDOVER WAY MELBOURNE, FL 32940 V HAY, KANITHA 8146 ANDOVER WAY	RECTORS			<u> </u>		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MELBOURNE, FL 32940			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE				IN T	THIS SP	ACE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE						**	

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME GYBIGNING OFFICER OR DIRECTOR

3/24/05

321-259-6106