2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2006 8:00 am **Secretary of State** DOCUMENT # P01000099802 1. Entity Name 02-17-2006 90077 008 ***150.00 HIGHLAND BEACH PROPERTIES, INC. Principal Place of Business Mailing Address L L L U L U U U C/O O'GRADY REALTY 2809 S OEAN BLVD C/O O'GRADY REALTY 2809 S OEAN BLVD HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1715542 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certilicate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLAKE, JUNE A Street Address (P.O. Box Number is Not Acceptable) 2727 S. OCEAN BLVD., #602 HIGHLAND BEACH FL 33487 City 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 Signature, typerf or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when (einstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE NAME EPPLE, GLENDA NAME 3212 S OCEAN BLVD 301 A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIGHLAND BEACH FL 33487 CITY-ST-ZIP Delete TITLE Change Addition NAME MCGAHAN, PEGGY NAME STREET ADDRESS STREET ADDRESS 3100 S OCEAN BLVD 125D CITY-ST-ZIP CRTY-ST-ZIP HIGHLAND BEACH FL 33487 BLAKE, PATTY 2225 RABBIT HOLLOWS CIRLCLE DELRAY BEACH, FL 33445 STREET ADDRESS STREET ADDRESS 3953 REDONO WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 exercise 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 address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

FILED