## 2006 FOR PROFIT CORPORATION

## **FILED** Mar 17, 2006 08:00 AM

ANNUAL REPORT				Secretary of State			
DOCUMENT # P01000118278 1. Entity Name					Secr	etary of St	ate
	IDE PROPERTIES, INC.						
Principal Place	e of Business	Mailing Address					
14041 US HI		14041 US HIGHWAY ONE					
KUNO BEACH,	, FL 33408	iuno beach, fl. 33408		1			
					116 31 H3 H3 H3 H		
			20102022	No Charles	CD0E034 (44)3E)		
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DO NOT WATE IN THIS SPA			CL	4. FEI Numb		Applie	d For opticable
				<del></del>		59.75 Addition	
			<del></del>	5. Certificate	of Status Desired	Fee Required	
	6. Name and Address of Current Re	gistered Agent	4				
GILES, DR	tew _			DO	NOT W	DITE	
14041 U.S. HWY, ONE			}				
SUITE A JUNO BEACH, FL 33408				IN.	THIS SF	ACE	
00000	131,7 12 22 132		}				
# The shove	named entity submits this statement for the	ne nurcose of changing its register	red office or register	reri ament or for	uff. in the State of Flo	ovide I em (amiliar with and	
	ions of registered agent.	ta barbase or original no register	es office at the	iou agoni, os pe	and of the place of the	SHOOL COM HOLIMAN WHILL SHILL	ι Δευορί
SIGNATURE_			·				
	Signature, typed or printed name of registered agent and	titis if epplicable (NOTE, Registers	ed Agent signature requires	व् अप्रकार कारकांक्राकर्णे		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Cantribution.				.00 May Be led to Fees			
10.	OFFICERS AND DE	RECTORS	<b>T</b>		L	<del></del>	
TITLE	D		1				
NAME CONCENTRACIONE	GILES, DREW 14041 US HIGHWAY ONE		1				
STREET ADORESS CITY -ST - 21P	JUNO BEACH, FL 33408		1				
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THE	<del></del>		1				
NAME STREET ADDRESS			}				
CITY-ST-ZIP			1				

12. Thereby certify that the Information supplied with this filling does not qualify for the exemptions contained in Chapter 118, 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 it 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 it changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

VICE-VIESIDENT 3 IS US (SU) 626-2600

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #