

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90213 006 ***150.00

DOCUMENT # P02000022636					
1. Entity Name TWO PINE PROPERTIES, INC.					
Principal Place of Business 2 SOUTH BISCAYNE BLVD. SUITE 2630 MIAMI, FL 33131 US			Mailing Address 2 SOUTH BISCAYNE BLVD., SUITE 2630 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 123 S.E. Third Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 404			
City & State		City & State Miami, FL		4. FEI Number 30-0048018	
Zip		Zip 33131		Country US	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNLIMITED SOURCE MARKETING COMPANY 2 SOUTH BISCAYNE BLVD. SUITE 2630 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: Ahah, L.C. Street Address (P.O. Box Number is Not Acceptable): 750 Third Circle, #106 City: Vero Beach FL Zip Code: 32962		
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: <u>Christina Collins, MGM Ahah, L.C.</u> DATE: <u>4/20/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <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	PSTD FENYO, GYORGY VERECKE U 37 BUDAPEST, HU 1025		<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	D FENYO, GYORGYNE VERECKE U 37 BUDAPEST, HU 1025		<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	S COLLINS, CHRISTINA 2 SOUTH BISCAYNE BLVD., STE. 2630 MIAMI, FL 33131		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Collins, Christina 750 Third Circle, #106 Vero Beach, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Georgy Fenyo</u>			Georgy Fenyo, President		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <u>4/20/07</u>		