

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000026257 <small>Entity Name</small> UNLIMITED PROPERTIES, INC.						
Principal Place of Business 2709 SO. INDIAN RIVER DR. FT. PIERCE, FL 34950		Mailing Address 2709 SO. INDIAN RIVER DR. FT. PIERCE, FL 34950				
DO NOT WRITE IN THIS SPACE						
		04282006 No Chg-P CRZE034 (11/05)				
		<table border="1"><tr><td>4. FEI Number 03-0417806</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 03-0417806	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent YOUNG, MARJORIE C 2709 SO. INDIAN RIVER DR. FT. PIERCE, FL 34950		DO NOT WRITE IN THIS SPACE				
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>Betty C. Brohlmann, V.P.</u> <u>4/28/06</u> <u>DB</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when registering) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 1000000544563 05/11/06-80036-015 150.00				
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, MARJORIE C 2709 SO. INDIAN RIVER DR. FT. PIERCE, FL 34950					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROLMANN, BETTY C 2517 SUNRISE BLVD. FT. PIERCE, FL 34982					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, KEVIN C 2709 SO. INDIAN RIVER DR. FT. PIERCE, FL 34950					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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>Betty C. Brohlmann, V.P.</u> <u>4/28/06</u> <u>772-489-4775</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						