2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P02000040672

Entity Name: MINK PROPERTIES, INC.

Current Principal Place of Business:

9425 CALLE ALTA
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

6130 MAIN STREET
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

9425 CALLE ALTA
NEW PORT RICHEY, FL 34655

New Mailing Address:

6130 MAIN STREET
NEW PORT RICHEY, FL 34653 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALLISEY, MARK
9425 CALLE ALTA
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HALLISEY, IRENE
Address: 9425 CALLE ALTA
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD ( ) Delete
Name: PORAKISCHWILI, NATALIE
Address: 9621 BRASSIE COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD ( ) Delete
Name: HALLISEY, KRISTINE
Address: 8513 NEWTON DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: VD ( ) Delete
Name: HALLISEY, MARK
Address: 9425 CALLE ALTA
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: PORAKISCHWILI, NATALIE
Address: 4483 SUMMERLAKE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: SD (X) Change ( ) Addition
Name: HALLISEY, KRISTINE
Address: 4470 GRANDWOOD LANE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINE HALLISEY SD 04/28/2005

Electronic Signature of Signing Officer or Director — Date