

FILED
Jun 18, 2008 8:00 am
Secretary of State

05-08-2008 90020 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P02000066485
1. Entity Name
COLLINSWORTH PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

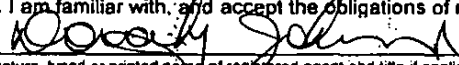
2. Principal Place of Business 14157 CINNAMAN LN. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State BROOKSVILLE, FL	City & State
Zip 34614	Country

4. FEI Number 82-0551055	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

66014387

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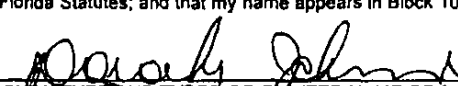
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name DOROTHY JOHNSON	
	Street Address (P.O. Box Number is Not Acceptable) 14157 CINNAMAN LN.	
	City BROOKSVILLE	Zip Code 34614

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 	DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make Check Payable to: Florida Department of State	

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DOROTHY JOHNSON 14157 CINNAMAN LN. BROOKSVILLE, FL 34614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 	3/25/08	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			