

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070532

Entity Name: MRPD PROPERTIES, INC.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

390 SMUGGLERS WAY
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

390 SMUGGLERS WAY
ST AUGUSTINE, FL 32080

New Mailing Address:

5435 5TH ST.
ST AUGUSTINE, FL 32080

FEI Number: 20-0226315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, J S
19 OLD MISSION AVE.
ST. AUGUSTINE, FL 32084 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: ROSA, MICHAEL A
Address: 390 SMUGGLERS WAY
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VD () Delete
Name: DARIOS, PETER
Address: 390 SMUGGLERS WAY
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: DARIOS, PETER
Address: 5435 5TH ST.
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PETER DARIOS

VD

04/30/2006

Electronic Signature of Signing Officer or Director

Date