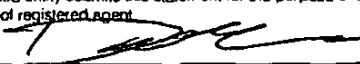
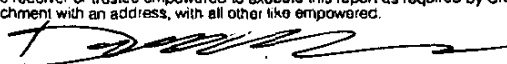


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-01-2005 90137 001 ***750.00

DOCUMENT # P02000100548			
1. Entity Name ALL PROPERTY INVESTMENTS CORP.			
Principal Place of Business 13617 N FLORIDA AVE TAMPA, FL 33613		Mailing Address 13617 N FLORIDA AVE TAMPA, FL 33613	
2. Principal Place of Business 15511 N. Florida Ave		3. Mailing Address 15511 N. Florida Ave	
Suite, Apt. #, etc. Suites A1,A2,A3		Suite, Apt. #, etc. Suites A1,A2,A3	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33613	Country USA	Zip 33613	Country USA
6. Name and Address of Current Registered Agent BURKETT, DONALD L 13617 N FLORIDA AVE TAMPA, FL 33613		7. Name and Address of New Registered Agent Name Burkett, Donald L Street Address (P.O. Box Number is Not Acceptable) 15511 N. Florida Ave Suites A1,A2,A3 City Tampa FL Zip Code 33613	
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:  (NOTE: Registered Agent signature required when remaining) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D BURKETT, DONALD L 13617 N FLORIDA AVE TAMPA, FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burkett, Donald L 15511 N. Florida Ave Ste A1,A2,A3 Tampa, FL 33613 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENT, SYLVIA G 13617 N FLORIDA AVE TAMPA, FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brent, Sylvia 15511 N. Florida Ave Ste A1,A2,A3 Tampa, FL 33613 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-15-05 813-972-1000 Date Daytime Phone	

66011234



03142005 Chg-P CR2E034 (10/03)

4. FEI Number
06-1647391 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required