

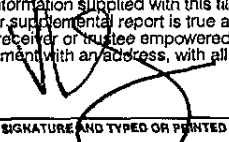


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000123585</b>		
1. Entity Name VAN SANGAS PROPERTY MANAGEMENT, INC.		
Principal Place of Business 1572 S. NIEMEYER CIRCLE PORT ST. LUCIE, FL 34952	Mailing Address 1572 S. NIEMEYER CIRCLE PORT ST. LUCIE, FL 34952	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01172005 No Chg-P CR2E034 (10/03)
		4. FEI Number 13-4221908
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  SANGAS, VAN 1572 S NIEMEYER CIR PORT ST. LUCIE, FL 34952		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SANGAS, VAN 1572 SE NIEMEYER CIR PORT SAINT LUCIE, FL 34952	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		02/10/05 77L 335-1526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #