2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 02, 2005 08:00 AM Secretary of State **DOCUMENT # P03000098254** PROPERTYS UNLIMITED, INC. Mailing Address Principal Place of Business P.O. BOX 319 1007 RIDGEFIELD DR. BRANDON, FL 33509 VALRICO, FL 33594 CR2E034 (10/03) 02282005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 06-1707386 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCHWARZ, PETER M 1007 RIGEFIELD DR. VALRICO, FL 33594 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 100000294640 OFFICERS AND DIRECTORS 10. 04/02/05-80013-017 150.00 TITI F SCHWARZ, PETER M OWNER NAME STREET ADDRESS 1007 RIDGEFIELD DR. CITY-ST-ZIP VALRICO, FL 33594 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE

CITY-ST-ZIP