

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000156158

Entity Name: P. PROPERTIES, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

50 PORTLAND PIER
PORTLAND, ME 04101

New Principal Place of Business:

2901 SOUTH BAYSHORE
UNIT 15B
COCONUT GROVE, FL 33133

Current Mailing Address:

50 PORTLAND PIER
PORTLAND, ME 04101

New Mailing Address:

FEI Number: 01-0507635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PTD () Delete
Name: WEST, THEODORE V
Address: 2901 S BAYSHORE DR., 10D YACHT HARBOR
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPS () Delete
Name: LABRIE, SUSAN K
Address: 50 PORTLAND PIER, STE. 400
City-St-Zip: PORTLAND, ME 04101

Title: VP () Delete
Name: COLPITTS, TODD W
Address: 50 PORTLAND PIER, STE. 400
City-St-Zip: PORTLAND, ME 04101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD W. COLPITTS

VP

04/28/2005

Electronic Signature of Signing Officer or Director

Date