12006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000021555



FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90276 033 ***150.00

TRIPLE PLAY PROPERTIES, INC.								04-13-2000	20210 03	5 150.0	
660 COX RD SUITE 6			Mailing Address 660 COX RD SUITE 6 COCOA, FL 32926	660 COX RD SUITE 6			00061310				
2. Principal Place of Business 3.			3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			01092006	Chg-P	CR2E	034 (11/05)	
City & State			City & State	City & State						plied For t Applicable	
Zip	Country		Zip	Countr				f Status Desired		\$8.75 Add Fee Required	
 	6. Name	and Address of Current	Registered Agent	ed Agent Name			7. Name and Address of New Registered Agent				
MARKEY, KEVIN P 25 MCLEOD STREET MERRITT ISLAND, FL 32953					Street Address (P.O. Box Number is Not Acceptable)						
				City					FL	Zip Code	9
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.											
10.	r _ · · · ·	OFFICERS AND	·- <u>-</u> ··	11.			ADDITIONS/C	HANGES TO OF	FICERS AN	D DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAN, CO 2425 CO COCOA,		☐ Defete			De 242	en Curi 15 'Cox F cog FL	tis G. 32926		<u>⊠</u> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5060 SAT	N, DAVID A TURDAY PLACE FL 32926	☐ Delete				,			☐ Change	Modition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4500 REG	MARTHA N CTOR RD FL 32926	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2827 DUI	N, DELANCY D NHILL DR FL 32926	☐ Delete	1	1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	9						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

4-5-06

321)638-0301