

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021555

FILED
Mar 23, 2009
Secretary of State

Entity Name: TRIPLE PLAY PROPERTIES, INC.

Current Principal Place of Business:

660 COX RD SUITE 6
COCOA, FL 32926

New Principal Place of Business:

1802 S FISKE BLVD.
SUITE 108
ROCKLEDGE, FL 32955

Current Mailing Address:

660 COX RD SUITE 6
COCOA, FL 32926

New Mailing Address:

1802 S FISKE BLVD.
SUITE 108
ROCKLEDGE, FL 32955

FEI Number: 20-0729064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKEY, KEVIN P
25 MCLEOD STREET
MERRITT ISLAND, FL 32953 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: D () Delete
Name: DEEN, CURTIS G
Address: 2425 COX RD
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: FRANKLIN, DAVID A
Address: 5060 SATURDAY PLACE
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: JOHNS, MARTHA N
Address: 4500 RECTOR RD
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: FRANKLIN, DELANCY D
Address: 2827 DUNHILL DR
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEEN, CURTIS G
Address: 2425 COX RD
City-St-Zip: COCOA, FL 32926

Title: VPD (X) Change () Addition
Name: FRANKLIN, DAVID A
Address: 5060 SATURDAY PLACE
City-St-Zip: COCOA, FL 32926

Title: SD (X) Change () Addition
Name: JOHNS, MARTHA N
Address: 4500 RECTOR RD
City-St-Zip: COCOA, FL 32926

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARTHA N. JOHNS

SD

03/23/2009

Electronic Signature of Signing Officer or Director

Date