2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Aug 30, 2005 8:00 am Secretary of State DOCUMENT # P04000032352 08-30-2005 90030 015 ***150.00 1. Entity Name FP & RP PROPERTIES, INC. Principal Place of Business Mailing Address 5382 10TH AVE NORTH 5382 10TH AVE NORTH 50064036 LAKE WORTH, FL 33466 LAKE WORTH, FL 33466 2. Principal Place of Business 3. Mailing Address 1975 SANSBURYS WAY 05112005 CR2E034 (10/03) 4. FEI Number 3128 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARELL, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 1601 FORUM PLACE SUITE 1101 WEST PALM BEACH, FL 33401 City Zip Code 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 stered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607:193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D TITLE ☐ Delete Change PANTALEO, FRANK NAME NAME STREET ADDRESS 5382 10TH AVE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH, FL 33466 33411 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 33411 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition . Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 logal 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED