
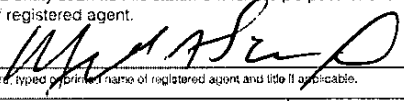



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90114 050 \*\*\*150.00

<b>DOCUMENT # P04000073160</b> 1. Entity Name <b>SCHENK PROPERTIES, INC.</b>					
Principal Place of Business <b>111 SANTA CRUZ AVENUE ROYAL PALM BEACH, FL 33411</b>			Mailing Address <b>111 SANTA CRUZ AVENUE ROYAL PALM BEACH, FL 33411</b>		
2. Principal Place of Business <b>13311 51<sup>ST</sup> PLACE N.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2533 Roslyn Lane</b> Suite, Apt. #, etc.			
City & State <b>ROYAL PALM BEACH, FL</b> Zip <b>33411</b> Country		City & State <b>LAKELAND FL</b> Zip <b>33813</b> Country		4. FEI Number <b>56-2459323</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SCHENK, MICHAEL A 111 SANTA CRUZ AVENUE ROYAL PALM BEACH, FL 33411</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2533 ROSLYN LANE</b> City <b>LAKELAND</b> <b>FL</b> Zip Code <b>33813</b>		
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  <b>MICHAEL A. SCHENK</b> <b>3/12/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>SCHENK, KEVIN G</b> <b>13311 51ST PLACE NORTH</b> <b>ROYAL PALM BEACH, FL 33411</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>TIPPETT, LINDA S</b> <b>3901 S.E. ST. LUCIE BLVD., #15</b> <b>STUART, FL 34997</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY / DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>ORBACH, YVONNE S</b> <b>131 EUPHRATES CIRCLE</b> <b>PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SCHENK, MICHAEL A</b> <b>111 SANTA CRUZ AVENUE</b> <b>ROYAL PALM BEACH, FL 33411</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2533 ROSLYN LANE</b> <b>LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>MICHAEL A. SCHENK</b> <b>3/12/06</b> <b>561 7189729</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					