

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90200 037 \*\*\*155.00

<b>DOCUMENT # P04000081641</b> 1. Entity Name <b>UNIQUE PROPERTY INVESTMENT GROUP, INC.</b>			
Principal Place of Business <b>4050 CHARDONNAY DRIVE ROCKLEDGE, FL 32955</b>		Mailing Address <b>4050 CHARDONNAY DRIVE ROCKLEDGE, FL 32955</b>	
2. Principal Place of Business <b>1225 Bolle circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>1225 Bolle circle</b> Suite, Apt. #, etc.	
City & State <b>Rockledge</b>		City & State <b>Fl.</b>	
Zip <b>32955</b>	Country <b>BREWARD</b>	Zip <b>32955</b>	Country <b>BREWARD</b>
6. Name and Address of Current Registered Agent  <b>WALKER, ERNEST D 4050 CHARDONNAY DRIVE ROCKLEDGE, FL 32955</b>		7. Name and Address of New Registered Agent Name <b>Cappillettie ERNEST D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1225 Bolle circle</b> City <b>Rockledge</b> <b>FL</b> Zip Code <b>32955</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 <u><i>Ernest D. Cappillettie</i></u> <span style="float: right;">7 July, 2005</span> <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 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WALKER, ERNEST D</b> <input checked="" type="checkbox"/> Delete <b>4050 CHARDONNAY DRIVE</b> <b>ROCKLEDGE, FL 32955</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Cappillettie, ERNEST D.</b> <b>1225 Bolle circle</b> <b>Rockledge, Fl. 32955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>WALKER, CAROL D</b> <b>4050 CHARDONNAY DRIVE</b> <b>ROCKLEDGE, FL 32955</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Cappillettie, CAROL D.</b> <b>1225 Bolle circle</b> <b>Rockledge, Fl. 32955</b>
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
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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 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 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.			
<b>SIGNATURE:</b> <u><i>Ernest D. Cappillettie</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>7/7/05</b> <b>321-639-3274</b> <small>Date Daytime Phone #</small>	