

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091504

FILED
Apr 14, 2005
Secretary of State

Entity Name: NEW CITIZEN PROPERTIES, INC.

Current Principal Place of Business:

146 EIGHTH AVENUE NORTH
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

146 EIGHTH AVENUE NORTH
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEBLING, ARTHUR
146 EIGHTH AVENUE NORTH
SAFETY HARBOR, FL 34695 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: PSD () Delete
Name: LIEBLING, ARTHUR
Address: 146 EIGHTH AVENUE NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VTD () Delete
Name: LIEBLING, HEATHER B
Address: 146 EIGHTH AVENUE NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HEATHER B LIEBLING

VP

04/14/2005

Electronic Signature of Signing Officer or Director

Date