2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000125637

1. Entity Name

HOUSEHOLD PROPERTIES CORP.



Apr 20, 2006 08:00 AN Secretary of State

CR2E034 (11/05)

Daytime Phone #

FILED

Principal Place of Business 2409 N DIXIE HIGHWAY WEST PALM BEACH, FL 33407 Mailing Address

2409 N DIXIE HIGHWAY WEST PALM BEACH, FL 33407



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04102000 110 Ong 1	0.122004 (1.1700)		
4. FEI Number		Applied For	
20-2960330		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

URALLI, EMRE 2409 N DIXIE HIGHWAY WEST PALM BEACH, FL 33407

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			scing \$5.00 May Be Added to Fees	~ .		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P URALLI, EMRE 2409 N DIXIE HIGHWAY WEST PALM BEACH, FL 33407		Honooperana			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			n a stann i se se seaschaideach M	000000518817 		
TITLE						
NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE		
TITLE NAME STREET AODRESS CITY-ST-ZIP			IN "	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby 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 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 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 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 of 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.						