

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000128457 1. Entity Name BREAKTHRU PROPERTIES, INC	
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Principal Place of Business 31 S STATE ROAD 7 PLANTATION, FL 33317	Mailing Address 31 S STATE ROAD 7 PLANTATION, FL 33317
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<p>NO LONGER REQUIRED FOR APRIL 2007</p>	
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03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1645773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EDWARDS, ESME 31 S STATE ROAD 7 PLANTATION, FL 33317	<p>NO LONGER REQUIRED FOR APRIL 2007</p>
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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: _____ (NOTE: Registered Agent signature required when renouncing) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EDWARDS, ESME 31 S STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MAHABEER, MERTILEEN 31 SOUTH STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MAHABEER, MERTILEEN M VP 31 SOUTH STATE ROAD 7 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>NO LONGER REQUIRED FOR APRIL 2007</p> <p>U000000721302 05/01/07-80140-018 150.00</p>

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: ESME EDWARDS **4-18-07 - 954-583-9898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #