



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #P04000131909 1. Entity Name C & D PROPERTIES & INVESTMENTS, INC.						FILED 06 JUL 31 AM 8:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business MANATEE COUNTY PALMETTO, FL 34221				Mailing Address 1103 3RD AVENUE WEST PALMETTO, FL 34221			
2. Principal Place of Business		3. Mailing Address 2518 6th Avenue East					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State Palmetto, FL 34221					
Zip		Country		Zip		Country	
34221		USA		4. FEI Number 20-1646821 XXXXXXXXXX		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07252006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent CHANDLER, ANGELA A 1103 3RD AVENUE WEST PALMETTO, FL 34221				7. Name and Address of New Registered Agent Name JOEY DUNLAP Street Address (P.O. Box Number is Not Acceptable) 2518 6th Avenue East City Palmetto FL Zip Code 34221			
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 <i>Joey Dunlap</i> JOEY DUNLAP July 25, 2006 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANDLER, ANGELA A 1103 3RD AVENUE WEST PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOEY DUNLAP 2518 6th Avenue East Palmetto, FL 34221	<input type="checkbox"/> Change <input checked="" 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		
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 IKA empowered.							
SIGNATURE: <i>Angela A. Chandler</i> ANGELA A. CHANDLER 07/25/06 941 722-2252 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							