01/22/05 22:00 FAX 7275029799 PHILLIPCONNOR

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90028 008 ***150.00

50006993

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000133912

1. Entity Name
RIPTIDE PROPERTIES INC.

Principal Place of Business	Mailing Address
219 INLET WAY PALM BEACH SHORES, FL 33404	219 INLET WAY PALM BEACH SHORES, FL 33404

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01232005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-2206288 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PITTS, STEPHANIE 660 24TH AVE N ST PETERSBURG, FL 33704	Name: Mindi Paruta Street Address (P.O. Box Number is Not Acceptable): 219 Inlet Way City: Palm Beach Shores FL Zip Code: 33404

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: Mindi Paruta 1-25-05
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, 2005 Fee will be $350.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 PARUTA, JASON 219 INLET WAY PALM BEACH SHORES, FL 33404 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Paruta, Mindi 219 Inlet Way Palm Beach Shores, Fl. 33404 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONNOR, PHILLIP 610 27TH AVE N ST PETERSBURG, FL 33704 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] 1-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #