

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165908

Entity Name: PULLIAS PROPERTY GROUP, INC.

FILED  
Mar 02, 2006  
Secretary of State

## Current Principal Place of Business:

1006 CUTOFF BRANCH CT  
OVIEDO, FL 32765 US

## New Principal Place of Business:

P.O. BOX 622394  
OVIEDO, FL 32762 US

## Current Mailing Address:

1006 CUTOFF BRANCH CT  
OVIEDO, FL 32765 US

## New Mailing Address:

P.O. BOX 622394  
OVIEDO, FL 32762 US

FEI Number: 20-2023229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PULLIAS, PATRICIA A  
1006 CUTOFF BRANCH CT  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.  
773 S. KIRKMAN RD.  
SUITE 118  
ORLANDO, FL 32811 US

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: JAMES K. DUERR, CPA

03/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PULLIAS, PATRICIA A  
Address: 1006 CUTOFF BRANCH CT  
City-St-Zip: OVIEDO, FL 32765 US

Title: VP ( ) Delete  
Name: PULLIAS, DAMON H  
Address: 1006 CUTOFF BRANCH CT  
City-St-Zip: OVIEDO, FL 32765 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PULLIAS, PATRICIA A  
Address: P.O. BOX 622394  
City-St-Zip: OVIEDO, FL 32762 US

Title: VP (X) Change ( ) Addition  
Name: PULLIAS, DAMON H  
Address: P.O. BOX 622394  
City-St-Zip: OVIEDO, FL 32762 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAMON PULLIAS

VP

03/02/2006

Electronic Signature of Signing Officer or Director

Date