

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022450

FILED
Feb 16, 2006
Secretary of State

Entity Name: DOUBLE PLAY PROPERTIES, INC.

Current Principal Place of Business:

C/O TODD W. CLAUS
10793 OAK BEND WAY
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

C/O TODD W. CLAUS
10793 OAK BEND WAY
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 59-1363792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANSEN, ANDREW M MR.
125 CRAWFORD BOULEVARD
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLAUS, TODD W
Address: 1073 OAK BEND WAY
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: MURPHY, THOMAS C
Address: 6803 DRYDEN COURT
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TODD CLAUS

D

02/16/2006

Electronic Signature of Signing Officer or Director

Date