
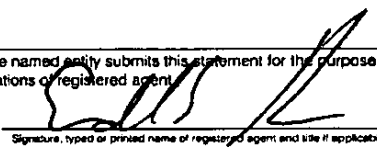
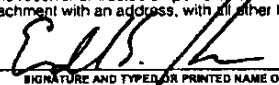


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2006 8:00 am
Secretary of State

06-14-2006 90005 022 ***150.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # P05000032684 | | | |  | |
| 1. Entity Name CROFT PROPERTIES, INC. | | | | | |
| Principal Place of Business 2809 FLORIDA BLVD NO 208 DELRAY BEACH, FL 33483 | | | Mailing Address 2809 FLORIDA BLVD NO 208 DELRAY BEACH, FL 33483 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 05-0618021 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MERKLE, WILLIAM R 2809 FLORIDA BLVD NO 208 DELRAY BEACH, FL 33483 | | | 7. Name and Address of New Registered Agent Name EDWARD KORN Street Address (P.O. Box Number is Not Acceptable) 2809 FLORIDA BLVD City DELRAY BEACH FL 33483 | | |
| 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  DATE 6-6-06 | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KORN, EDWARD S 2809 FLORIDA BLVD NO 208 DELRAY BEACH, FL 33483 | <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 | ST KORN, JACQUELYN 2809 FLORIDA BLVD NO 208 DELRAY BEACH, FL 33483 | <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 | |
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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 | |
| 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:  DATE 6-6-06 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EDWARD S. KORN, PRESIDENT | | | | | |

66020855



06072006 Chg-P CR2E034 (11/05)