2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000048797 FILED 1. Entity Name PETER PROPER PROPERTIES, INC. 06 OCT -2 AM 9: 03 ALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2400 S OCEAN DRIVE STE B3944 2400 S OCEAN DRIVE STE B3944 FT PIERCE, FL 34949 FT PIERCE, FL 34949 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 08092006 Chq-P City & State City & State 4. FEI Number Applied For 10-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGELOS, PETER Street Address (P.O. Box Number is Not Acceptable) 2400 S OCEAN DRIVE STE B3944 FT PIERCE, FL 34949 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ΠIF ☐ Delete TITLE ☐ Addition ANGELOS, PETER NAME NAME 90003 027 \$15 STREET ADDRESS 2400 S OCEAN DRIVE STE B3944 STREET ADDRESS CITY-ST-ZIP FT PIERCE, FL 34949 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE ☐ Delete IME ☐ Change* ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TILLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELF ☐ Detete MILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is frue 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 trusted 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 gifter like empowered. SIGNATURE: