2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE:

ANNUAL REPORT (AR) Jul 24, 2007 8:00 am Secretary of State DOCUMENT # P05000051137 1. Entity Name 07-24-2007 90041 016 ***150.00 LPJ PROPERTIES, INC. Principal Place of Business Mailing Address 409 BURNS ROAD SUITE 6-14 PALM BEACH GARDENS FL 33 BURNS ROAD QUITE B-14 PALM BEACH GARDENS FL 33410 2761 VISTE PKWY STE E-12 Parm BEAGH FL 33411 Principal Place of Business -3. Mailing Address SOME AS ABOVE SAME Suite, Apt. #, etc Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) E-1 City & State 4. FEI Number Applied For 34-2043493 Not Applicable Country Zıp \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POTREKOS, JOHN A 4091 ABURNS RD STE B-14 PALM BEACH GARDENS FL 33410 8. The above named entity submits this statement for the purpose of changing its registered office or reg the obligations of registered agent. SIGNATURE Signature, typed or printed name or registered agent and title if applicable INOTE. Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$550.00 \$ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 S 607.193(2)(b), F.S., allows for the warrow and late fee. By checking this box, the corporation certifies it Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150 00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD. DILE ☐ Delete TIFLE Addition POTREKUS, JOHN A NAME NAME STREET ADDRESS 4091 BURNS ROAD SUITE B-14 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change \square Addition LOVOI, RAY NAME STREET ADDRESS 4091 BURNS ROAD SUITE B-14 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-7IP CITY-ST-ZIP TOTALE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

FILED