2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113111

Entity Name: GET PROPERTIES, INC.

City-St-Zip:

MIAMI BEACH, FL 33139

FILED Jun 30, 2007 Secretary of State

Entity Nan	ne: GETPRO	PERTIES, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
10 VENETI APT 2404 MIAMI BEA	AN WAY CH, FL 33139						
Current Ma	ailing Address	: :		New Mailir	ng Address	:	
10 VENETI APT 2404 MIAMI BEA	AN WAY CH, FL 33139						
FEI Number:	14-3485927	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ROTHLEIN, JAY ESQ 930 WASHINTON AVENUE SUITE 209 BANK OF AMERICA MIAMI BEACH, FL 33139 US				ROTHLEIN, JAY ESQ THE SOUTH BAY CLUB - 800 WEST AVENUE SUITE C-1 MIAMI BEACH, FL 33139 US			
The above in the State		ubmits this statement for the p	urpose o	f changing it	s registered	office or registered agent, or both,	
SIGNATURE:						06/30/2007	
	Electroni	c Signature of Registered Age	nt			Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	t receive tl	ne prior notice	э.		
OFFICERS	AND DIRECT	ORS:		ADDITION	S/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PTD () I THOMPSON, GA 10 VENETIAN W MIAMI BEACH, F	AY APT 2404		Title: Name: Address: City-St-Zip:	(()Change ()Addition	
Title: Name: Address: City-St-Zip:	TURNER, TRACE	FALLS RD FARSIDE FARMS		Title: Name: Address: City-St-Zip:	(()Change ()Addition	
Title: Name: Address:	D () I THOMPSON, EV 10 VENETIAN W			Title: Name: Address:	THOMPSON,	(X) Change()Addition EVE A AVENUE, UNIT 4	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

MIAMI BEACH, FL 33139

SIGNATURE: GAIL L. THOMPSON PTD 06/30/2007