2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 12, 2007 8:00 am
Secretary of State
02-14-2007 90064 012 ***150.00

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1. Entity Name
N.CAROLINA PROPERTIES, INC.

Principal Place of Business	Mailing Address
3 GOLFVIEW RD. PALM BEACH FL 33480	3 GOLFVIEW RD. PALM BEACH FL 33480

66020266

2. Principal Place of Business - No P O. Box #	3. Mailing Address
	PO Box 2411
Suite, Apt. #, etc.	Suite, Apt. #, etc. Palm Beach, Fla
City & State	City & State 33480
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-1285313 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional - Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CINQUE, GAY ~~3 GOLFVIEW RD.~~ OK PALM BEACH FL 33480	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D CINQUE, GAY 3 GOLFVIEW RD. PALM BEACH FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D CINQUE, ALFRED J 3 GOLFVIEW RD. PALM BEACH FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] GAY CINQUE 561-835-1584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[signature] Gay Cinque