


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P07380</b> 1. Entity Name RIVER OAKS PROPERTIES, INC.	
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Principal Place of Business 20 TRAFALGAR SQUARE STE 602 NASHUA, NH 03063 US	Mailing Address 2476 N ESSEX AVE HERNANDO, FL 34442 US
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03162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0391050	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

ABEL, ERIC D ESQUIRE  
 2476 N ESSEX AVENUE  
 HERNANDO, FL 34442

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000493920  
 04/20/06-80024-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOTE REALTY L.L.C C/O 20 TRAFALGAR SQ., STE#602 NASHUA, NH 03063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STELLOS-MALVERS, CASSANDRA C/O 20 TRAFALGAR SQ., STE #602 NASHUA, NH 03063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAMPOSI, STEPHEN A. 2476 N ESSEX AVENUE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PASTOR, JOHN E. 2476 N ESSEX AVENUE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STELLOS-COLORUSSO, MELANIE 20 TRAFALGAR SQUARE, STE. 602 NASHUA, NH 03063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STELLOS, ALYSON C/O 20 TRAFALGAR SQ., #602 NASHUA, NH 03063

**DO NOT WRITE IN THIS SPACE**

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: Stephen A. Tamposi **3/30/06** **352-746-6060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #