


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90047 014 \*\*\*150.00

<b>DOCUMENT # P34633</b>	
1. Entity Name <b>ANDLINGER PROPERTIES CAPITAL CORP.</b>	

Principal Place of Business <b>4445 NORTH A1A #235 VERO BEACH, FL 32963 US</b>	Mailing Address <b>4445 NORTH A1A #235 VERO BEACH, FL 32963 US</b>
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**50030537**



2. Principal Place of Business <b>817 BEACHLAND BLVD</b>	3. Mailing Address <b>P.O. Box 1730</b>
Suite, Apt. #, etc. <b>Suite B</b>	Suite, Apt. #, etc.

03112005 Chg-P CR2E034 (10/03)

City & State <b>VERO BEACH FL</b>	City & State <b>VERO BEACH FL</b>
Zip <b>32963</b>	Country <b>USA</b>
Zip <b>32961</b>	Country <b>USA</b>

4. FEI Number <b>51-0334868</b>	Applied For <input type="checkbox"/> 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 <b>MITCHELL, IVAR W 4445 NORTH A1A SUITE #235 VERO BEACH, FL 32963</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>817 BEACHLAND BLVD</b>
Suite	<b>Suite B</b>
City	<b>VERO BEACH</b>
State	<b>FL</b>
Zip Code	<b>32963</b>

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 *Ivar W. Mitchell* **IVAR W. MITCHELL, PRES.** **3-18-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANDLINGER, GERHARD R 101 DOVE PLUM RD. VERO BEACH, FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT RUSSELL, JAMES R. 303 SOUTH BROADWAY TARRYTOWN, NY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MAGIDA, STEPHEN A. 303 SOUTH BROADWAY TARRYTOWN, NY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MITCHELL, IVAR W 4445 NORTH A1A, SUITE 235 VERO BCH., FL 32963</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANDLINGER GERHARD 140 LOGGERHEAD PT. VERO BEACH FL 32963</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S 817 BEACHLAND BLVD Suite B VERO BEACH FL 32963</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ivar W. Mitchell* **PRESIDENT** **3/18/05 (772) 234.4998**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #