


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000055535

1. Entity Name
EXCLUSIVE PROPERTY MANAGEMENT, INC.



Principal Place of Business
**1280 SW 36TH AVE.
301
POMPANO BEACH, FL 33069 US**

Mailing Address
**1280 SW 36 AVE.
SUITE 301
POMPANO BEACH, FL 33069 US**



03012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0522826 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RYAN, CHRISTINE
1280 SW 36 AVE 301
POMPANO BEACH, FL 33069**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking)

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**

000000525507
05/04/06-80037-009 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS RYAN, CHRISTINE E 1280 SW 36TH AVENUE # 301 POMPANO BEACH, FL 33069 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TOVP JENKINS, KATHLEEN S 1280 SW 36TH AVENUE, #301 POMPANO BEACH, FL 33069 |
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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: Christine Ryan, Inc. Date: 4-20-06 Daytime Phone #: 954-969-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR