

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032460

FILED
Apr 11, 2006
Secretary of State

Entity Name: TONN'S PROPERTIES, INC.

Current Principal Place of Business:

300 S. COLLIER BLVD #2004
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

PO BOX 429
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 65-0585751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAUSEN, ROBERT J
247 N. COLLIER BLVD
SUITE 103
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: TONNISHOFF, KLAUS
Address: 300 S. COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145

Title: V () Delete
Name: CLAUSEN, ROBERT J
Address: 601 ELKCAM CIRCLE, A1
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CLAUSEN, ROBERT J
Address: 247 N. COLLIER BLVD SUITE 103
City-St-Zip: MARCO ISLAND, FL 34145

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

SIGNATURE: ROBERT J. CLAUSEN

V

04/11/2006

Electronic Signature of Signing Officer or Director

_____ Date