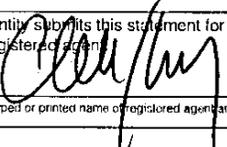
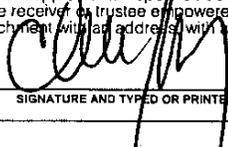


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90007 001 ***150.00

DOCUMENT # P95000067907			
1. Entity Name FIRST CAPITAL PROPERTY GROUP, INC.			
Principal Place of Business 120 E COLONIAL DR. ORLANDO, FL 32801 US		Mailing Address 120 E COLONIAL DR. ORLANDO, FL 32801 US	
2. Principal Place of Business - No P.O. Box # 1516 E. HILLCREST ST.		3. Mailing Address 1516 E. HILLCREST ST.	
Suite, Apt. #, etc. SUITE 210		Suite, Apt. #, etc. SUITE 210	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32803	Country USA	Zip 32803	Country USA
6. Name and Address of Current Registered Agent MITCHELL, CHARLES J JR. 120 E COLONIAL DR. ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name MITCHELL, CHARLES J. JR. Street Address (P.O. Box Number is Not Acceptable) 1516 E. HILLCREST ST. # 210 City ORLANDO FL Zip Code 32803	
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  CHARLES J. MITCHELL, JR. 2-4-08		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MITCHELL, CHARLES J JR 165 SPRING CHASE CIRCLE ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MITCHELL, PAMELA W 165 SPRING CHASE CR ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MITCHELL, JULIA C 165 SPRING CHASE CR ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:  CHARLES J. MITCHELL, JR. 2-4-08 407-872-0209		DATE Daytime Phone #	