2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000034658

Address:

48 SPRING GLEN DRIVE

City-St-Zip: DEBARY, FL 32713

Entity Name: PROPERTY SHOWCASE, INC.

FILED Jan 14, 2005 Secretary of State

Entity Name: PROPERTY SHOWCASE, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TH VOLUSIA A CITY, FL 3276				
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
	H VOLUSIA A CITY, FL 3276				
FEI Number	: 59-3380223	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:	
CLOPEIN, JEAN 760 SOUTH VOLUSIA AVENUE ORANGE CITY, FL 32763 US			760 SOUTH VOLUSIA	RUCKERT, GREGORY B 760 SOUTH VOLUSIA AVENUE ORANGE CITY, FL 32763 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: GREGORY RUCKERT				01/14/2005	
	Electron	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (BARRY, CHAR 674 BLACK IR DELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BARRY, VIRGI) Delete NIA L RONWOOD DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (WANAMAKER, 102 JAMES PO DEBARY, FL 3	ND COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MILTON, GLEN 542 N. FLORIC DELAND, FL 3	A AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (X WINSLOW, CA) Delete ROL	Title: Name:	() Change () Addition	

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

Address:

City-St-Zip:

SIGNATURE: JOHN WANAMAKER V 01/14/2005