

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90021 007 \*\*\*150.00

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1st MOORE CR2E034 (10/07)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |         |                                                                               |                                                                                                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P96000038962</b><br>1. Entity Name<br><b>AMERICA INCOME PROPERTIES INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |         |                                                                               |                                                                                                                                      |  |
| Principal Place of Business<br><b>100 ALMERIA AVE., STE 206<br/>CORAL GABLES FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |         | Mailing Address<br><b>100 ALMERIA AVE., STE 206<br/>CORAL GABLES FL 33134</b> |                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |         | 3. Mailing Address                                                            |                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |         | Suite, Apt. #, etc.                                                           |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |         | City & State                                                                  |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | Country |                                                                               | 4. FEI Number <b>65-0675881</b>                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |         |                                                                               | <b>\$8.75</b> Additional Fee Required                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ARELLANO, LAMAR PEDRO<br/>100 ALMERIA AVE<br/>SUITE 206<br/>CORAL GABLES FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |         |                                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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.<br>SIGNATURE  DATE                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |         |                                                                               |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |         |                                                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                  |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SPD<br>ARELLANO, LAMAR PEDRO<br>100 ALMERIA AVE, SUITE 206<br>CORAL GABLES FL 33134 |         | <input type="checkbox"/> Delete                                               |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                     |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                     |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                     |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                     |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                     |         | <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 Section 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |         |                                                                               | 6/9/08                                                                                                                               |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |         |                                                                               |                                                                                                                                      |  |