


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000098341</b> 1. Entity Name EXPANSION PROPERTY ASSOCIATES, INC.	
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 608 S. TYNDALL PARKWAY PANAMA CITY, FL 32401	Mailing Address 608 S. TYNDALL PARKWAY PANAMA CITY, FL 32401
--------------------------------------------------------------------------------	--------------------------------------------------------------------

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



08302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3431092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GIOIELLO, JOHN L ESQ 402 JENKS AVENUE PANAMA CITY, FL 32401
--------------------------------------------------------------------------------------------------------------------------

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
-----------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUPP, STEVEN N C/O P.O BOX 1987 N/A PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMNER, DANNY J C/O P.O BOX 1987 N/A PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000576247 09/06/06-80003-011 550.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
-------------------------------------------------------------------------------------------------

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:**  **Danny Sumner** 9/5/06 858 9130534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #