## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000077387

Entity Name: ESCANABA PROPERTIES, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	AL PALM WAY TON, FL 3343				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	AL PALM WAY TON, FL 3343				
FEI Number:	: 65-0985660	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1600 ROY, BOCA RA The above	RGY, JAMES AL PALM WAY TON, FL 3343 named entity of Florida.	2 US	rpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE:				
		nic Signature of Registered Ager	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ROSEMURGY, 1600 ROYAL F BOCA RATON,	'ALM WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( ROSEMURGY, 1600 ROYAL F BOCA RATON,	'ALM WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( ROSEMURGY, 1600 ROYAL F BOCA RATON,	'ALM WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( ROSEMURGY, 1600 ROYAL F BOCA RATON,	'ALM WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ROSEMURGY, 1600 ROYAL F BOCA RATON,	ALM WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: KIMBERLY ROSEMURGY TD 04/30/2008