

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90422 019 ***150.00


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | |
|--|---|
| DOCUMENT # P97000085757 1. Entity Name EMERALD INVESTMENT PROPERTIES, INC. |  |
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|--|--|
| Principal Place of Business 713 E MARION AVE #304 PUNTA GORDA, FL 33950 | Mailing Address 3005 CARING WAY SUITE A PORT CHARLOTTE, FL 33952 US |
|--|--|

DO NOT WRITE IN THIS SPACE

40079982



04192006 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 52-2063013 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L
223 TAYLOR ST.
PUNTA GORDA, FL 33950

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

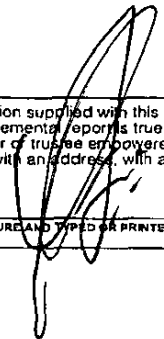
| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVPS RUGGIERI, MARY VICTORIA 713 E MARION AVE #304 PUNTA GORDA, FL 33950 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 reports 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:  **5-1-06 941-637-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #