

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90277 047 \*\*\*150.00

<b>DOCUMENT # P97000088341</b> 1. Entity Name <b>AR DE TRUST PROPERTIES, INC.</b>					
Principal Place of Business <b>3540 FOREST HILL BLVD. # 203 WEST PALM BEACH, FL 33406</b>			Mailing Address <b>3540 FOREST HILL BLVD. # 203 WEST PALM BEACH, FL 33406</b>		
2. Principal Place of Business <b>277 ROYAL POINCIANA WAY</b> Suite, Apt. #, etc. <b>#183</b>		3. Mailing Address <b>277 ROYAL POINCIANA WAY</b> Suite, Apt. #, etc. <b>#183</b>			
City & State <b>Palm Beach FL</b>		City & State <b>Palm Beach FL</b>		4. FEI Number <b>65-0795351</b>	
Zip <b>33480</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DENTRY, DEBORAH A 3540 FOREST HILL BLVD. # 203 WEST PALM BEACH, FL 33406</b>			7. Name and Address of New Registered Agent Name <b>DENISE D MCCANN</b> Street Address (P.O. Box Number is Not Acceptable) <b>277 ROYAL POINCIANA WAY #183</b> City <b>Palm Beach</b> <b>FL</b> Zip Code <b>33480</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 reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCRAW, TIMOTHY C 845 COUNTY ROAD 341 MAPLESVILLE, AL 36750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCCANN, DENISE 3540 FOREST HILL BLVD. # 203 WEST PALM BEACH, FL 33406		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>277 ROYAL POINCIANA WAY #183 Palm Beach FL 33480</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <b>DENISE D MCCANN</b>			Date <b>20 APR 05</b> Daytime Phone # <b>561-655-7691</b>		