## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2006 08:00 AM Secretary of State

1. Entity Name COMMERCIAL ASSOCIATE PROPERTIES, INC.						
Principal Place of Business Mailing Address  104 SW MEMORIAL PKWY 1217 AIRPORT ROAD FORT WALTON BEACH, FL 32548 SUITE 419 DESTIN, FL 32541						
DO NOT WRITE IN THIS SPACE				03292005 No Chg-P CRZE034 (11/05)   4. FEI Number		
1713 GIANT STCAMORE LAINE					NOT WRITE	
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. Lam familiar with, and account the obligations of registered agent.  SIGNATURE  Signature, typed or period name of registered agent and after applicable  (NOTE Repistered Agent signature required when recistating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.						
10. INVE NAME SIRCET ADDRESS CITY-ST-ZIP TIFLE NAME	OFFICERS AND DIRECT D PHILLIPS, RUPERT E PO BOX 219 BAKER, FL 32531	CTORS			05/08/06-80063	-802 150.W
STREET ADDRESS CITY-ST-ZIP TITLE NAME. SIMET ADDRESS CITY-ST-ZIP HTLE					NOT WRITE	Ĭ
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	- 				
NAME STREET ADDRESS CRY-ST-DP  12. I hereby of the corthanged.	certify that the information supplied with this on this report or supplemental report is true portation of the receiver of trustise empowere or on an attachment with appendix se, with	iling does not qualify for the extend accurate and that my signal of the conduction	amptions containe ture shall have the red by Chapter 60	ed in Chapter 119 same legal effe 17, Florida Statut	9. Florida Statutes. I further cer ct as if made under cath; that I es; and that my name appears i	lify that the information am an officer or director n Block 10 or Block 11 if