2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000048490

1. Entity Name
SINGULAR PROPERTIES, INC.



Principal Place of Business

1116 N. OCEAN BLVD. POMPANO BEACH, FL 33062 Mailing Address

13601 PERDIDO KEY DRIVE PENSACOLA, FL 32507 FILED Feb 20, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3520327

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODARD, MARJ J 801 LAUREL OAK DR STE 710 NAPLES, FL 34108

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE | | | | | |
| FIL After Ma | E NOW!!! FEE I\$ \$150.00 by 1, 2004 Fee will be \$550.00 | Election Campaign Finance Trust Fund Contribution. | oing | \$5.00 May Be Added to Fees | U00000060084 02/23/04-80026-002 150.00 |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RETHATI, GEORGE 13601 PERDIDO KEY DRIVE PENSACOLA, FL 32507 | : | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BELLANTONI, CAROL 4649 S.E. WATERFORD DR. STUART, FL 34997 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS | 1/ | | | | |

12. I hereby certify that the information supplied with this fill ig 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 supplier ental 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 of trustine en powered to encur 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 idea of the corporation of the corporation of the receiver of trustine en powered.

SIGNATURE:

SIGNATUR

- Corge O. Reth

2-3-04

850-492-2940

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