2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P98000057503 1. Entity Name

802 N.W. FIRST ST. SOUTH BAY, FL 33493



FILED Apr 16, 2005 08:00 AM Secretary of State

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DIRECTIONAL PROPERTIES, INC.

SOUTH BAY, FL 33493

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY - ST - ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY - ST - ZIP

802 N.W. FIRST ST. SOUTH BAY, FL 33493



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02222005	No Chg-P	CR2E034 (10/03)
4. FEI Number		Applied For

5. Certificate of Status Desired

65-0856064

Not Applicable \$8.75 Additional

Fee Required

VRITE

ROYAL, DERIK C 802 N.W. FIRST ST.		DO NOT WRITE
SOUTH BAY, FL 33493	 	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						
	Signature, typed or printed name of registered agent and if	lé if applicable (NOTE Registe	ed Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	~~	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIR	ECTORS					
TITLE	S		-				
NAME	THYMIUS, JEFFREY S -	<u></u>	ı				
STREET ADDRESS	802 N.W. 1ST STREET			•	j		
CITY-ST-ZIP	SOUTH BAY, FL 33493						
TITLE	DPVT -		1				
NAME	ROYAL, DERIK C				U00000310332 04/16/05-80073-022 150.00		
STREET ADDRESS	802 N.W. FIRST ST.		l l		U4/15/U5-8UU/3-U22 15U.UU		

DO NOT WRITE IN THIS SPACE

TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

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SIGNATURE	Lemnen	- Clam	in JEFAREY	3.17/27103	7//7/03	JOIN 170 00	00
J. J J	SICHATURE/AND T	VOED OF BRINTER MAME OF SI	GNING OFFICER OR DIRECTOR		· Date	Daytime Phone &	
	_ authorized with i	THEO OF LUMITED MAINE OF ST	IGHTAG OFFICER ON DIRECTOR		Date	Daking Lioue 4	