2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2006 08:00 AM DOCUMENT # P98000061873 **Secretary of State** 1. Entity Name DERIAN INVESTMENT PROPERTIES INC. Principal Place of Business Mailing Address 1962 NE 6 ST. APT.98 DEERFIELD BEACH FL 33441 1962 NE 6 ST. APT.3B DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0289710 Not Applice Zip Country Zio Cauntry \$8.75 Additional 5. Certilicate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DERIAN, WILLIAM V Street Address (P.O. Box Number is Not Acceptable) 1962 NE 6 ST APT. 3B DEERFIELD BEACH FL 33441 City Zip Code 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 according the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable DATE INOTE Registered Agent signature required when reinstaling - FILE NOW!!! FEE IS \$150.00 Election Campaign Financing **\$5.00** May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE POST ☐ Delete DILE ☐ Change ☐ Ad NAME DERIAN, WILLIAM V NAME U00000480226 04/10/06-80036-011 150.00 STREET ADDRESS 1962 NE 6 ST STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 DITY-ST-ZIP Dolete TITLE TITLE Change _ D Arie NAME MARKE STREET ADDRESS STREET ADDRESS C11Y-ST-21P CITY-S1-ZIP TOLE ☐ Deicte THEE ☐ Change □ Aòr NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THILE DILE Change ☐ Oelete DA NAME NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Detete TITLE TATLE Change $\square M$ NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP City-St-ZIP ☐ Change MIL ☐ Delete MILE [] A: NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 119, 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Cevtima Phone

FILED