2005 FOR PROFIT CORPORATION _ANNUAL REPORT______

FILED Jan 18, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P9800010531 NT PROPERTIES, INC.	3			Secretar	y of State
Principal Place of Business Mailing Address 100 W. KENNEDY BLVD 100 W. KENNEDY BLVD STE 720 STE 720 TAMPA, FL 33602 TAMPA, FL 33602 US						
D	O NOT WRITE I		CE		Chg-P CR2E034 (
6. Name and Address of Current Registered Agent AZZARELLI, THOMAS J 100 W. KENNEDY BLVD STE 720 TAMPA, FL 33602				1.15 (2.15)	OT WRITE	: :
the obligat	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and the ENOW!!! FEE IS \$150.00	9. Election Campaign Fina	ed Agent signature required	d when reinstating)	DATE	liar with, and accept
After M	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution	. Ll Add	led to Fees		
TO. YITLE NAME STREET ADDRESS CITY-ST ZIP TITLE	OFFICERS AND DIRI PD AZZARELLI, THOMAS J 100 W KENNEDY 720 TAMPA, FL 33602	ECTORS	= - . - –	Ú	11000000183229 11719705-80060-0	710 150.00
NAME STREET ADDRESS CITY - ST - ZIP			t + + + + + + + + + + + + + + + + + + +			
NAME STREET ADDRESS CITY-ST-ZIP		و المستعمل ا	<u>-</u>		OT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IS SPACE	
TITLE NAME STREET ADDRESS CITY - ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
12. I hereby indicated of the corchanged	certify that the information supplied with this on this report or supplemental report is true reporation or the receiver or trustee empower or on an attachment with an address, with	filing does not qualify for the ext and accurate and that my signs ad to execute this report as requ all other like empowered	emption stated in Se ature shall have the lired by Chapter 60		ida Statutes. I further certify t made under oath; that I am a I that my name appears in Blo	