2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2006 08:00 AM **DOCUMENT # P99000023467 Secretary of State** FLORIDA INDUSTRIAL PROPERTIES, INC. Malling Address Principal Place of Business **620 NORTH FLORIDA AVENUE 620 NORTH FLORIDA AVENUE** TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 CR2E034 (11/05) 04032006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3572657 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GIALLOURAKIS, MICHAEL F DO NOT WRITE 620 NORTH FLORIDA AVENUE TARPON SPRINGS, FL 34689 IN THIS SPACE 3. 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 it applicable. (NOTE, Registered Acest signature required when reinstating) DATE U00000495193 \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 04/20/08-80075-021 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ta. DPS TITLE NAME GIALLOURAKIS, MICHAEL F 620 NORTH FLORIDA AVENUE STREET ADDRESS TARPON SPRINGS, FL 34689 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AUDITESS DO NOT WRITE CITY-ST-202 IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and occurate 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 proposered to expect this report as required by Chapter 607, Florida Statutes; and that my fame appears in Block 10 or Block 11 if changed, or on an attachment with a district, with specific proposered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-937-6604

FILED