


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90058 015 ***150.00

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| DOCUMENT # P99000084630 |  |
| 1. Entity Name FLORIDA PROPERTIES HOLDINGS, INC. | |

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| Principal Place of Business 1581 SE PORT ST. LUCIE BLVD. SUITE A PORT ST LUCIE, FL 34952 | Mailing Address 1581 SE PORT ST. LUCIE BLVD. SUITE A PORT ST LUCIE, FL 34952 |
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| 2. Principal Place of Business <i>1591 SE Port St Lucie Blvd</i> Suite, Apt. #, etc. <i>Suite A</i> City & State <i>Port St Lucie, FL</i> Zip <i>34952</i> Country <i>USA</i> | 3. Mailing Address <i>1591 SE Port St Lucie Blvd</i> Suite, Apt. #, etc. <i>Suite A</i> City & State <i>Port St Lucie, FL</i> Zip <i>34952</i> Country <i>USA</i> |
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02142005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0958036 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MECCA, JACK A 1591 SE PORT ST. LUCIE BLVD. SUITE A PORT ST LUCIE, FL 34952 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VESTERLUND, STIG FLYHAMNSVAGEN 24 UPPSALA, SWEDEN, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDM MECCA, JACK A 1591 SE PORT ST. LUCIE BLVD., SUITE A PORT ST LUCIE, FL 34952 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HJELM, IVAN NEDRA SLOTTSGATA, 6 UPPSALA, SWEDEN, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LARSON, GORAN DROTTNING-FATAN 85 11160 STOCKHOLM, SWEDEN, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MECCA, MARY 2022 SE ALLAMANDA DR PORT ST LUCIE, FL 34952 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE: *Jack Mecca* *Jack Mecca, President* 2/15/05 772 335-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #