



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90004 040 ***150.00

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DOCUMENT # S95428					
1. Entity Name ST. GEORGE PROPERTIES, INC.					
Principal Place of Business C/O BLACKSTOCK 404 FAIRLAWN DR STOCKBRIDGE, GA 30281		Mailing Address C/O BLACKSTOCK 404 FAIRLAWN DR STOCKBRIDGE, GA 30281			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		01112005 Chg-P CR2E034 (10/03)	
Country		Country		4. FEI Number 13-3636521	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKSTOCK, JOANN		NAME		
STREET ADDRESS	404 FAIRLAWN DR.		STREET ADDRESS		
CITY-ST-ZIP	STOCKBRIDGE, GA 30281		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHARRON, ANGELA M		NAME		
STREET ADDRESS	551 MADISON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNSTEIN, RICHARD K		NAME	509 MADISON AVE	
STREET ADDRESS	551 MADISON AVE 3RD FLOOR		STREET ADDRESS	NEW YORK, NY 10022-5528	
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: <i>[Signature]</i>			Date: 1/17/05		Daytime Phone #: 516-642-6562
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>