


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State


DOCUMENT # 443382

1. Entity Name
ADDISON INVESTMENTS, INC.



| | |
|---|---|
| Principal Place of Business 7780 SW 117 AVE SUITE #206 MIAMI, FL 33183 US | Mailing Address 7780 SW 117 AVE SUITE #206 MIAMI, FL 33183 US |
|---|---|

DO NOT WRITE IN THIS SPACE



02162007 No Chg-P CR2E034 (11/05)

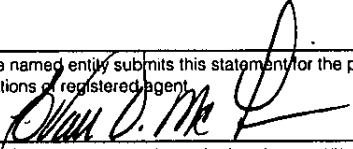
| | |
|---|---------------------------------------|
| 4. FEI Number 59-1578664 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MCLEAN, EVAN D.
 7780 SW 17TH AVENUE
 SUITE 206
 MIAMI, FL 33183**

DO NOT WRITE IN THIS SPACE

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: **Feb 22-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

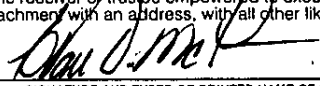
U00000649727
 03/07/07-80061-022 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BUESO, GUILLERMO COLONIA SAN IGNACIO, RESIDENCIAL CA #23 TEGUCIGALPA, HO |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MOLINA, JOSE R. COLONIA PALMIRA TEGUCIGALPA, HO |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FERNANDEZ, JUSTO R. COLONIA SAN IGNACIO RES CAS #23 TEGUCIGALPA, HO |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD MCLEAN, EVAN D. 7780 SW 117TH AVENUE, SUITE 103 MIAMI, FL 33183 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing 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 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:  DATE: **Feb 22-07** DAYTIME PHONE #: **305-271-5111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #