


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90246 043 ***150.00

DOCUMENT # H76133			
1. Entity Name TOUCAN INVESTMENTS, INC.			
Principal Place of Business 6323 MC KINLEY TERR ENGLEWOOD, FL 34224 US <i>THIS CHANGE ONLY</i>		Mailing Address POST OFFICE BOX 426 ENGLEWOOD, FL 34295-0426 US	
2. Principal Place of Business <i>P.O. Box 426</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Englewood FLA</i>		City & State <i>Englewood FLA</i>	
Zip <i>34295</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent KINNEY, DONNA L. BOX 426-MCKINLEY ENGLEWOOD, FL 34295		7. Name and Address of New Registered Agent Name <i>DONNA L. KINNEY</i> Street Address (P.O. Box Number is Not Acceptable) <i>BOX 426 - 454 RIVERFRONT</i> City <i>ENGLEWOOD</i> FL Zip Code <i>34295</i>	
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 <i>Donna L. Kinney</i>		DATE	
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 NAME STREET ADDRESS CITY-ST-ZIP	PVT KINNEY, DONNA 6323 MCKINLEY TERR ENGLEWOOD, FL 342950426 <i>TEMP ADDRESS CHANGE ONLY</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PVT. DONNA L. KINNEY 454 RIVERFRONT DR. STE. 109 BHC, AZ. 86442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KINNEY, DONNA 6323 MCKINLEY TERR ENGLEWOOD, FL 342950426 <i>OUT OF STATE FOR MEDICAL TREATMENT - ONLY</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S.D. DONNA L. KINNEY 454 RIVERFRONT DRIVE STE. 109 BHC, AZ. 86442
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
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
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
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 files empowered.			
SIGNATURE: <i>Donna L. Kinney</i>		Date: <i>April 27, 05</i>	Daytime Phone #: <i>(941) 468-7040</i>

14002100



04262005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2582115 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

SAME