


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90114 034 ***158.75

DOCUMENT # L03852

1. Entity Name
 REU-DOM INVESTMENTS & HOLDINGS INC.



Principal Place of Business
 3750 NE 4 AVENUE
 OAKLAND PARK FL 33334-2243
 US

Mailing Address
 PO BOX 39588
 FT LAUDERDALE FL 33339-9588
 US



2. Principal Place of Business - No P.O. Box #
 1100 NW 53RD ST.
 Suite, Apt. #, etc.
 SUITE # 6
 City & State
 FT LAUDERDALE, FL
 Zip
 33309-3169
 Country
 USA

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

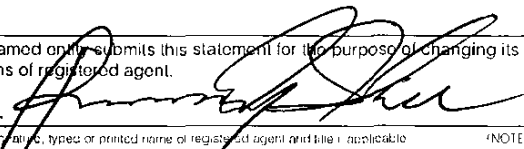
4. FEI Number 65-0400058 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 REU-DOM & ASSOCIATES
 3750 NE 4TH AVE
 OAKLAND PARK FL 33334-2243

7. Name and Address of New Registered Agent
 Name SAME
 Street Address (P.O. Box Number is Not Acceptable)
 1100 N.W. 53RD STREET
 SUITE # 6
 City FT LAUDERDALE FL Zip Code 33309-3169

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 4/26/07

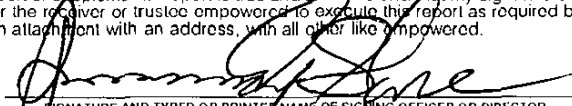
*NOTE Registered Agent signature required when registering

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$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	CP SHARE, REUBIN 3233 N.E. 34TH STREET #406 FT. LAUDERDALE FL <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	VS SHARE, DOMINIQUE 3233 N.E. 34TH STREET #406 FT. LAUDERDALE FL <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	VD TETREAULT, PETER 160 FAIRHAVEN HUDSON, QUEBEC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Section 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 4/26/07 (934) 564-2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR