2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 27, 2006 8:00 am Secretary of State DOCUMENT # P0000006444 1. Entity Name 02-27-2006 90091 042 ***158.75 PETERS INVESTMENTS INC. Principal Place of Business Mailing Address 4318 HOLDEN ROAD LAKELAND FL 33811 4318 HOLDEN ROAD LAKELAND FL 33811 2. Principal Place of Business 3. Mailing Address Suite Apt. # etc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3626479 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETERS, JOHN Street Address (P.O. Box Number is Not Acceptable) 4318 HOLDEN ROAD LAKELAND FL 33811 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE TITLE ☐ Detete Change NAME PETERS, JOHN C NAME STREET ADDRESS 4318 HOLDEN ROAD STREET ADDRESS CITY-ST-7IP .CITY - ST- 7tP LAKELAND FL 33811 Change TITLE ☐ Delete TITLE Addition MOCERI, SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 4318 HOLDEN ROAD CITY-ST-ZIP LAKELAND FL 33811 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME <u>NA</u>ME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

FILED

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.

CITY-ST-ZIP

Vice President 2/17/06 SIGNATURE:

CITY-ST-ZIP