2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State
02-21-2006 90030 043 ***150.00

DOCUMENT # P03000061305

1. Entity Name

WESTBURY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
% KATHLEEN C. PASSIDOMO, ESQ. ~~2640 GOLDEN GATE PARKWAY SUITE 305~~ NAPLES FL 34105	% KATHLEEN C. PASSIDOMO, ESQ. ~~2640 GOLDEN GATE PARKWAY SUITE 305~~ NAPLES FL 34105

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
2390 N. Tamiami TR	2390 N. Tamiami TR
Suite, Apt. #, etc.: Suite 204	Suite, Apt. #, etc.: Suite 204
City & State: Naples FL	City & State: Naples FL
Zip: 34103 Country: USA	Zip: 34103 Country: USA

4. FEI Number 86-1139153 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PASSIDOMO, KATHLEEN C ESQ. % KATHLEEN C. PASSIDOMO, ESQ. ~~2640 GOLDEN GATE PARKWAY SUITE 305~~ NAPLES FL 34105	Name Street Address (P.O. Box Number is Not Acceptable): 2390 N. Tamiami TR. Suite 204 City: Naples, FL. FL Zip Code: 34103

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] DATE

Signature required if new registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	D/P SHELDRAKE, ROGER F CHURCH FARM, NARBOROUGH KINGS LYNN PE321TG, U.K.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BROOKS, PETER~~ ~~38 WESTERFIELD RD.~~ ~~IPSWICH, IP42UT, U.K.~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Hedinger, Alfred C/o Kathleen C. Passidomo	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2390 N. Tamiami TR Suite 204 Naples, FL. 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Roger Sheldrake, Pres 2/8/06

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