2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2006 08:00 AN Secretary of State

1. Entity Nam	MENT # P05231 INVESTMENTS, INC.			Secr	etary of State
Principal Place of Business C/O BERLAND MAHONEY, COHEN, PAUL & CO 111 WEST 40TH STREET, 12TH FLOOR NEW YORK, NY 10018-2506 Mailing Address C/O BERLAND MAHONEY, COHEN, PAUL & CO 111 WEST 40TH STREET, 12TH FLOOR NEW YORK, NY 10018-2506					
	O NOT WRITE I	NI THIS SPA		01042006 No Chg-P	CR2E034 (11/05)
		N LITE STATE		4. FEI Number 04-2848506	Applied For Not Applicable
A CONTRACTOR OF THE PARTY OF TH	6. Name and Address of Current Regis			5. Certificate of Status Desired	\$8.75 Additional Fee Required
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT WR	(CE
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	e if applicable. (NOTE, Registered	d Agent signature required	when rainstalling)	DATE
FIL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finant Trust Fund Contribution.	cing \$5. 1	00 May Be ed to Fees	
10.	OFFICERS AND DIRE	CTORS			The product of the pr
NAME STREET ADDRESS CITY-ST-ZIP	NASHAR, MAHMOUD M. PO BOX 6697, NA JEDDAH, SAUDI ARABIA,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARNETT, CYNTHIA FAYE 150 FEDERAL ST BOSTON, MA				7769 0040_021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHACHOY, NORMAN J. 150 FEDERAL ST BOSTON, MA			DO NOT WR IN THIS SPA	
TITLE NAME STREET ACCRESS CITY-ST-ZIP				IN THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY - ST-ZIP					
12. I hereby c indicated of the con changed,	certify that the information supplied with this if on this report or supplemental report is true a poration or the receiver or trustee empowere or on an attachment with an address, with al	iling does not qualify for the exer and accurate and that my signatu d to execute this report as requin Il other like empowered.	mptions contained in the shall have the saled by Chapter 607,	in Chapter 119, Florida Statutes. I furth ame legat effect as if made under cath; Florida Statutes; and that my name ap	ner certify that the information ; that I am an officer or director pears in Block 10 or Block 11 if

CHATGRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR