
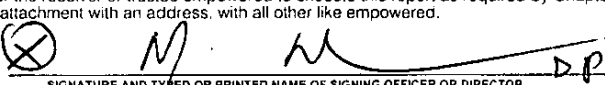


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 10 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S86799					
1. Entity Name 95 INVESTMENTS, INC.					
Principal Place of Business 402 HIGH POINT DR 101 COCOA, FL 32926 US			Mailing Address 402 HIGH POINT DR 101 COCOA, FL 32926 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3088919 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				05042006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOILEAU, JOHN MR 3490 N US HIGHWAY 1 COCOA, FL 32926				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees 800075215218 5/5/06--01004--013 **70.00	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMIN, MANU		NAME	AMIN, MANU	
STREET ADDRESS	402 HIGH POINT DRIVE		STREET ADDRESS	402 HIGH POINT DRIVE	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	COCOA FL 32926	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH, MAHESH		NAME	SHAH, MAHESH	
STREET ADDRESS	402 HIGH POINT DRIVE		STREET ADDRESS	402 HIGH POINT DRIVE	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	COCOA FL 32926	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH, RASHMI M		NAME	SHAH, RASHMI M	
STREET ADDRESS	402 HIGH POINT DR		STREET ADDRESS	402 HIGH POINT DR	
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	AMIN, SUMEDHA M	
STREET ADDRESS			STREET ADDRESS	402 HIGH POINT DR	
CITY-ST-ZIP			CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 5/5/06 DAYTIME PHONE: (321) 917 3470					

5/17/00