2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # 322926 ESTMENTS, INC.						01	-29-200′	7 90070	0 032 ***15	8.75
Principal Place 1899 VISTA I ORLANDO, FI	ROYALE BLVD.	Mailing Address POB 97 GOTHA, FL 34734	US							. •	
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address									
2710 Suite, Apt.		Suite, Apt. #, etc.				0445000			000		
Ste 200 City & State		City & State				01152007 4. FEI Num		hg-P		2E034 (12/06)	oplied For
Ocoee FL		·				59-12		<u> </u>		<u> </u>	ot Applicable
3470	Country	Zip	Count	iry		5. Certifica	te of Sta	tus Desirēd	X	\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent		Name		7. Name ar	nd Addre	ess of New	Register	ed Agent	
	, JOHN DAVID					יינים.		n V			
	A ROYALE BOULEVARD), FL 32835			Street Add	aress (P.	O. Box Num	iber is in	ot Acceptat	oie)		
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<u> </u>				City O	coe	9			F	L Zinge	1761
	named entity submits this statement for ions of pegistered agent.	the purpose of changing its	registere	ed office or r	registere	d agent, or b	ooth, in t	he State of I	Florida. I	am familiar with,	and accept
SIGNATURE_	Mon	700							1-17	07	
	Significate ped or printed name of registered agent a	IND III III III III III III III III III	E. REGISIEI EL	d Agent signature	e reduired w	nerribristating)			UA	· r.	1
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142. Thereby certify that the information supplied with this initial does not quality for the exemptions contained the Chapter 118, includes 1186. Find a Statutes. Find the find making 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:

1-17-07

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