2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT #357082 1. Entity Name FIRST SOUTHEAST INVESTMENT CORPORATION Principal Place of Business Mailing Address P 0 BOX 1626 P 0 BOX 1626 BOCA RATON, FL 33429 BOCA RATON, FL 33429 DO NOT WRITE IN THIS SPACE

10. TITLE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP EIT E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-Zip

FILED May 01, 2006 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPAC 6. Name and Address of Current Registered Agent GREEN, JERRY E 9200 S DADELAND BLVD SUITE 617				59-1987218 Not Applicab 5. Certificate of Status Desired \$8.75 Additional Fee Required DO NOT WRITE			
MIAMI, FL	anamed entity submits this statement for the c	nurcosa of changing its registere	ed office or re		THIS SF		cent
	ions of registered agent. Signature, typod or printed name of registered agent and bise			equired when reinstating)	or the order of the	DATE	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITT, FRANK B 2965 S.W. 22ND AVENUE DELRAY BEACH, FL 33445	TORS	-			0553792 -80066-009 158.7	5
THILE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP					NOT W THIS SF		
TITLE NAME STREET ADDRESS							

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

SIGNATURE:	SHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR	TT /res 3/	/// 0 6 Daytime Phone #
Granged, or on all altabrills	ern with an address, with automersiae empowered.	111 7	/