

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # 552149 1. Entity Name SATELLITE INVESTMENT, CORP.					
Principal Place of Business 460 ARUBA COURT SATELLITE BEACH FL 32937			Mailing Address 460 ARUBA COURT SATELLITE BEACH FL 32937		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1795378	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TOPPA, MICHAEL J. 460 ARUBA COURT SATELLITE BEACH FL 32937				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				1st MOORE CR2E034 (10/05)	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable				DATE _____ (NOTE: Registered Agent signature required when restate/eng)	
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	T TOPPA, MICHAEL J 460 ARUBA COURT SATELLITE BEACH FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	U00000551981 05/13/06-80120-022 150.00
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V TOPPA, JOHN M JR. 460 ARUBA COURT SATELLITE BEACH FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PSD TOPPA, MICHAEL J 460 ARUBA COURT SATELLITE BEACH FL	☐ 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
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: Michael J. Toppa 4-28-06 321-254-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #