2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	MENT # 610963 INVESTMENT, CO.					Jan 28, 2004 08:00 AM Secretary of State
Principal Plac	e of Business	Mailing Address			\neg	
1015 48TH VERO BCH		1015 48TH TERR VERO BCH FL 32966	i •		-	: (福華政治 - 新統治)(海和 - 東京)(東京 - 東京)(東京 - 東京 -
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt.		Suite. Apt #, etc.				MOORE CR2E034 (11/03)
City & State		City & State		4.	FEI Number 59-1895715 Applied For Not Applicable	
Zip	Country	Zip	Country	у	5. (Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		Manage	7. 1	Name and Address of New Registered Agent
101	OSEY, GARY W. 5 48TH TERR. IO BEACH FL			Name Street Address City	s (P.O. E	Box Number is Not Acceptable)
Afte	Signature Typed or printed name of registered at ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 r Payable to Florida Department	10	ITE Registered A	Agent signature requi	ked when re	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		ND DIRECTORS	11.		ΑĐ	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD LINDSEY, GARY W. 1015 48TH TERR. VERO BEACH FL	☐ Delete	TRILE NAME STREET CATY - S	I ADDRESS ST- ZIP		U00000019364 01/29/04-80023-010 150.00
RTLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	title Name Street City - S	i address ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	THTLE NAME STREET CHTY-S	TADORESS ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	f aodress St. zip		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THE NAME STREET CHTY-S	f address 51 - Zip		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CRY-ST-ZP		☐ Defete	TITLE NAME STREET CITY-S	f Address ST - Zip		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE

DIRECTOR

Sary Lindsey

7723567-5941

FILED