2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State 03-10-2005 90150 027 ***150.00 **DOCUMENT #648725** 1. Entity Name INDIAN INVESTMENTS INCORPORATED 40030374 Principal Place of Business Mailing Address 3191 SW 14TH PLACE 3191 SW 14TH PLACE STE #13 STE #13 BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 3. Mailing Address 2. Principal Place of Business 2950 COMMERCE PK DRIVE Suite, Apt. #, etc 01192005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. EEI Number 59-1979695 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUNO, MELBA R Address (P.O. Box Number is Not Acceptable) DAIVE #10 3191 SW 14TH PLACE STE #13 BOYNTON BEACH, FL 33426 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 288 S ire, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when ruinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 2950 COMMERCE GK DRIVE #10 PD TITLE Delete TITLE BRUNO, ANTHONY O. NAME NAME STREET ADDRESS 3191 SW 14TH PLACE STREET ADDRESS BOYNTON BCH, FL 7343Y 2950 COMMERCE OKDENE #10 BOYNTON BEACH, FL CITY-ST-ZIP CITY-ST-ZIP VD TITLE Delete TITLE BRUNO, MELBA R NAME NAME 3191 SW 14TH PLACE STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE BRUNO, MELBA R NAME 3191 SW 14TH PLACE STREET ADDRESS BOYNTON ACH, FL 334a4 STREET ADDRESS BOYNTON BEACH, FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ 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 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 wi

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 10, 2005 8:00 am