2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

| 1. Entity Name SUCCESSFUL INVE | # 659178 ESTMENTS, INC. | | |) | 05-03-2007 | 90058 032 ***15 | 0.00 | |
|--|--|---|--|--|-----------------------|--|-------------------------------------|--|
| Principal Place of Business | <u> </u> | Mailing Address | | qu | Inn. | | | |
| 2061 EASTBROOK BV. WINTER PARK, FL 32792 & OOT LINNE AC | L BEACH DR. | P.O.BOX 917511 LONGWOOD, FL 32791 | US | I IDEAL DE ONTO |) | 81811 81811 91811 81811 61811 9 181 | 11 3 3 1 1 1 1 3 3 1 | |
| A POPKA F 2. Principal Place of Busines 6.00 7 LINNE | s - No P.O. Box # 3. | Mailing Address | | | | | | |
| Suite, Apt. #, etc. | TO DOT, DR | Suite, Apt. #, etc. | | 04302007 | Chg-P | CR2E034 (12/06) | | |
| APOPKA F | 1_ | City & State | · | 4. FEI Number 59-1993 | 894 | | oplied For | |
| 32703 | Country | Zip (| Country | 5. Certificate o | f Status Desired | S8.75 Add Fee Require | | |
| 6. Name a | nd Address of Current Regi | stered Agent | | 7. Name and A | ddress of New R | egistered Agent | | |
| LMOODE LABBY DE | .=. | | Name | | | | | |
| MOORE, LARRY D PRES 2061 EASTBROOK BV. WINTER PARK, FL 32792 | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 6007 LINNE | AL BEACH D | R. | | | | | | |
| APOPKA, FG 32703 | | | City | | | FL Zip Cod | | |
| The above named entity s the obligations of registers | submits this statement for the ed agent. | purpose of changing its reg | istered office or registe | ered agent, or both | , in the State of Flo | rida. I am familiar with, | and accept | |
| | | BY MODDE PR | Fa | | 4/2 | 0/07 | | |
| SIGNATURE Signature, types or | orinted name of registered agent and tri | RY MOORE PR | gistered Agent signature require | od when reinstating) | | DATE | | |
| | Fee will be \$550.00 | 9. Election Campaign Trust Fund Contribu | | 0.00 May Be ded to Fees | | | | |
| 10. | OFFICEOR AND DIDE | CTORS | 11. | ADDITION\$/C | HANGES TO OFFI | CERS AND DIRECTOR | \$ IN 11 | |
| | OFFICERS AND DIRE | | | | | | | |
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| TITLE PDS NAME MOORE, LA | ARRY D | | NAME | | | Change | Addition . | |
| TITLE PDS NAME MOORE, LA STREET ADDRESS P.O.BOX 91 | ARRY D | | I . | | | ☐ Change | ☐ Addition | |
| TITLE PDS NAME MOORE, LA STREET ADDRESS P.O.BOX 91 | 1 ARRY D 7511 | | NAME STREET ADDRESS | | | Change | Addition | |
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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 changed, or on an attachment with an address, with all other like empowered.

| SIGNATURE: Lang Moore, LARRY MOORE | 4/30/07 | 321-354-5139 |
|--|---------|----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytme Phone # |