2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F48049

1. Entity Name
INVESTMENTS OVERSEAS CORPORATION, INC.

Principal Place of Business
3536 SE 18TH AVE
CAPE CORAL, FL 33904

Mailing Address
3536 SE 18TH AVE
CAPE CORAL, FL 33904

01102006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2785478
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SA, RICHARD V S
CAPE CORAL PKWY
CORAL, FL 33904

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000039471
01/30/06-80051-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAUMANN, DIETHELM
STREET ADDRESS	BOXO 220 N/A
CITY-ST-ZIP	8002 ZURICH, SWIZERL,
TITLE	VTD
NAME	AYERS, ROBERT J.
STREET ADDRESS	3536 S.E. 18TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	S
NAME	AYERS, ROBERT J
STREET ADDRESS	3536 SE 18TH AVE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert J Ayers ROBERT J. AYERS V.P. 1/11/06 (239)549-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #