

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F63441

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** B. INVESTMENTS, INC.

**Current Principal Place of Business:**

2534 NE 9TH VE  
STE 1  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

2534 NE 9TH AVE  
CAPE CORAL, FL 33909 US

**New Mailing Address:**

**FEI Number:** 59-2185997      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUSK, LISA M.  
C/O LUSK, DRASITES & TOUSANO, P.A.  
202 DEL PRADO BLVD.  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BARTON, DAVID,  
Address: 5718 DRIFTWOOD PKWY.  
City-St-Zip: CAPE CORAL, FL

Title: D ( ) Delete  
Name: BLASKO, ANALEE  
Address: 799 CYPRESS LAKE CIRCLE  
City-St-Zip: FT MEYERS, FL

Title: D ( ) Delete  
Name: WILLIAM, KOPTIS  
Address: 9150 S HILLS BLVD., STE 330  
City-St-Zip: CLEVELAND, OH 44147

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BARTON

PD

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date