2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F63441

Entity Name: B. INVESTMENTS, INC.

4250 STEAMBOAT BEND

FORT MYERS, FL 33919 US

Address: City-St-Zip: FILED Apr 16, 2009 Secretary of State

Littly Na	IIIE. D. IIVVES	TWENTS, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
2534 NE 9 STE 1	TH VE				
	RAL, FL 33909) US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2534 NE 9 CAPE CO	TH AVE RAL, FL 33909) US			
FEI Number	: 59-2185997	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
202 DEL P CAPE CO	, DRASITES & PRADO BLVD. RAL, FL 33990		nurness of shanging its registers	Joffice or registered agent or both	
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	I office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () BARTON, DAVII 5718 DRIFTWO CAPE CORAL,	OOD PKWY.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WILLIAM, KOP 9150 S HILLS E CLEVELAND, C	BLVD., STE 330	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DS () BROOKS, FRAI	Delete NK G	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: DAVID BARTON P 04/16/2009