2007 FOR PROFIT CORPORATION

FILED Ian 25. 2007 08:00 A ate

ANNUAL REPORT .					Jan 25, 2007 06:0			
	MENT#F	78258				Secret	ary of St	
1. Entity Nam PELICAN		VESTMENTS, I						
Principal Plac			Mailing Address			•		
333 N. NEW 1000	RIVER DR. E.		333 N. NEW RIVER DR. E. 1000					
FT. LAUDERI	DALE, FL 33301	US	FT. LAUDERDALE, FL 33301	US				
2004	O NOT		^=	01192007	No Chg-P	CR2E034	(11/05)	
DO NOT WRITE IN THIS SPA				GE	4. FEI Numb 59-218		,	Applied For Not Applicable
						of Status Desired		.75 Additional
	6. Name and A	ddress of Current R	egistered Agent		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	ORGE F., II			DO	NOT W	RITE		
	W RIVER DR E ERDALE, FL 3:		IN THIS SPACE					
					114	i mio or	ACE	
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.	Signature, typed or printer	d name of registered agent an	ed Agant signature require	d when reinstating)		DATE		
	E NOW!!! FEE ay 1, 2007 Fee	IS \$150.00 will be \$550.00	S. Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees			
10.		OFFICERS AND D	IRECTORS			 	 _	;
TITLE NAME	DPST HESS, GEORG	E_F !! .						
STREET ADDRESS CITY-ST-ZIP	333 N NEW RIV	VER DR E STE 100	0					
TITLE	T	LE, FL 33301		1		000000	0602908	
NAME Street Address	HESS, GEORG	IE F II VER DR E STE 100	ภ			01/26/07	-80109-02	23 150.00
CITY-ST-ZIP	FT LAUDERDA							
TITLE NAME				1	• •			
STREET ADDRESS					DΩ	NOT W	DITE	
CITY+ST-ZIP				-				
TITLE NAME					IN	THIS SI	PACE	
STREET ADDRESS								
CITY-ST-ZIP				-				
NAME								
STREET ADDRESS City-St-Zip								
TITLE NAME								•
STREET ADDRESS								
CITY-ST-ZIP								

12. I hereby certify that the information supplied with the 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 employered 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 764 2068

Daysime Phone #