


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State


05-04-2005 90184 016 ***150.00

DOCUMENT # F97000001794 1. Entity Name FIRST CENTRAL INVESTMENT CORP.	
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Principal Place of Business FIRST CENTRAL INVESTMENT CORP. 830 ESTERO BLVD. FT. MYERS BEACH, FL 33832	Mailing Address FIRST CENTRAL INVESTMENT CORP. 830 ESTERO BLVD. FT. MYERS BEACH, FL 33832
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2. Principal Place of Business SAME	3. Mailing Address SAME
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. SAME
City & State SAME	City & State SAME
Zip 33931-2110	Country SAME
Zip 33931-2110	Country SAME

50048336



01182005	Chg-P	CR2E034 (10/03)
4. FEI Number 38-1846810	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent YAK, LAWRENCE 830 ESTERO BLVD FT MYERS BEACH, FL 33832	7. Name and Address of New Registered Agent Name YAX, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) SAME City SAME FL Zip Code 33931-2110
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	CP YAX, LAWRENCE	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 6787 N/A		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH, FL 33932		CITY-ST-ZIP		
TITLE NAME	CST YAX, BETTY LOU	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 6787 N/A		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH, FL 33932		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lawrence Yax* 239-463-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5/01/05 Daytime Phone #