~ 2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2008 08:00 All Secretary of State DOCUMENT # G84741 SSS INVESTMENTS, INC. Principal Place of Business Mailing Address 2422 KENT PLS P.O. BOX 596 CLEARWATER, FL SAFETY HARBOR, FL 34695 US No Chg-P CR2E034 (11/05) 04022008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2367985 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAMATH, JAYAPRAKASH K. DO NOT WRITE 2422 KENT PLACE, SOUTH CLEARWATER, FL 34624 IN THIS SPACE 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000881724 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 84/16/08-80012-013 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DP NAME KAMATH, JAYAPRAKASH K. STREET ADORESS 2422 KENT PLACE, SOUTH CITY-ST-ZIP CLEARWATER, FL TILE KAMATH, GEETHA J. NAME STREET ADORESS 2422 KENT PLACE, SOUTH CITY-ST-7/P CLEARWATER, FL TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-7IP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/4/08

Daytime Phone #

FILED