


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90131 001 \*\*\*\*75.00  
08-30-2004 90131 002 \*\*\*\*75.00

<b>DOCUMENT # J74460</b>	
1. Entity Name <b>FUSION INVESTMENTS, INC.</b>	

Principal Place of Business <b>2910 N FEDERAL HWY #B BOCA RATON, FL 33431 US</b>	Mailing Address <b>2910 N FEDERAL HWY #B BOCA RATON, FL 33431 US</b>
---	---

**66432890**



2. Principal Place of Business <b>663 LAKEVIEW CIRCLE W. Suite, Apt. #, etc.</b>	3. Mailing Address <b>663 LAKEVIEW CIRCLE W. Suite, Apt. #, etc.</b>
---	---

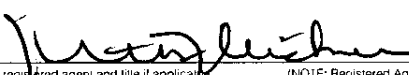
08162004 Chg-P CR2E034 (10/03)

City & State <b>DELRAY BEACH, FL</b>	City & State <b>DELRAY BEACH, FL</b>
Zip <b>33445</b>	Zip <b>33445</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>58-1739417</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--


5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>FLEISHNER, KENNETH M. 2910 N FEDERAL HWY #B BOCA RATON, FL 33432</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>663 LAKEVIEW CIRCLE W. City DELRAY BEACH FL Zip Code 33445</b>	

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	8/20/04 Date

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLEISHNER, KENNETH M. 2910 N FEDERAL HWY STE B BOCA RATON, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>663 LAKEVIEW CIRCLE W. DELRAY BEACH, FL 33445</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLEISHNER, CYNTHIA S 2910 N FEDERAL HWY STE B BOCA RATON, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1950 N. CONFERENCE DRIVE BOCA RATON, FL 33486</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8/20/04 Date Daytime Phone #