2008 FOR PROFIT CORPORATION

Apr 15, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-15-2008 90021 028 ***150.00 DOCUMENT # K54202 BABS INVESTMENTS, INC. Principal Place of Business Mailing Address 111 SOUTH MAITLAND AVE 111 SOUTH MAITLAND AVE SUITE 100 SUITE 100 MAITLAND, FL 32751 MAITLAND, FL 32751 CR2E034 (11/05) 03252008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2921148 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent PANICO, JAMES P DO NOT WRITE 111 SOUTH MAITLAND AVE MAITLAND, FL 32751 IN THIS SPACE 8. The above named entity submits to 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 agents Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS:\$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PANIÇO, JAMES P. NAME STREET ADDRESS 111 SOUTH MAITLAND AVE CITY-ST-ZIP MAITLAND, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

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 exequte 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> ---RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED