

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L13233

FILED
Feb 14, 2007
Secretary of State

Entity Name: IMMANUEL INVESTMENTS, INC.

Current Principal Place of Business:

99336 OVERSEAS HWY
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

99336 OVERSEAS HWY
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0144937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITTKKE, ANGELA
998 SHAW DR
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: WITKE, ANGELA
Address: 998 SHAW DR
City-St-Zip: KEY LARGO, FL 33037

Title: STD () Delete
Name: WITTKKE, PAULA
Address: 99336 OVERSEAS HWY
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change () Addition
Name: WITKE, ANGELA
Address: 998 SHAW DR
City-St-Zip: KEY LARGO, FL 33037

Title: ST (X) Change () Addition
Name: WITTKKE, PAULA
Address: 99336 OVERSEAS HWY
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA WITTKKE

PRES

02/14/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date