2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L26796

FILED Apr 27, 2006 Secretary of State

Entity Name: CONFIRMED INVESTMENTS INC

Current Principal Place of Business:		e of Business:	New Principal Place of Business:	
	OL PARKWA FL 32712	Y		
urrent Mailing Address:		ess:	New Mailing Address:	
	OL PARKWA FL 32712	Y		
I Number	: 59-2992806	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	M. R. ROSS			
	OL PKWY FL 32712	US		
POPKA, ne above	FL 32712		ne purpose of changing its registere	ed office or registered agent, or both,
POPKA, ne above	FL 32712 named entity of Florida. RE:	submits this statement for the		ed office or registered agent, or both,
POPKA, ne above the State	FL 32712 named entity of Florida. RE:			ed office or registered agent, or both, Date
POPKA, ne above the State GNATUI	FL 32712 named entity of Florida. RE: Electro	submits this statement for the		
POPKA, ne above the State GNATUI	FL 32712 named entity of Florida. RE: Electro	submits this statement for the	Agent	
POPKA, ne above the State GNATUI	FL 32712 e named entity e of Florida. RE: Electro mpaign Financii S AND DIREC	e submits this statement for the conic Signature of Registered and Trust Fund Contribution (). CTORS:) Delete R ROSS, PKWY	Agent	Date
POPKA, ne above the State GNATUI ection Car FFICER le: me: dress:	e named entity e of Florida. RE: Electro mpaign Financii S AND DIREC D/P (LITTLE, WM F 1555 ERROL APOPKA, FL	v submits this statement for the conic Signature of Registered and Trust Fund Contribution (). CTORS: () Delete () ROSS, () PKWY () 32712 () Delete () Delete () Delete () Delete () ROSS, () PKWY	Agent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

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: WM. R. ROSS LITTLE D/P 04/27/2006