2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2005 8:00 am Secretary of State

	AMMOAL	KEFOKI			•	, 	1.50.00	
1. Entity Nam	MENT # L37937 E INVESTMENTS, INC.			05	5-05-2005 9010	JS 014 ***	150.00	
Principal Place of Business 11617 INNFIELDS DR STE A ODESSA, FL 33556 US		Mailing Address 11617 INNFIELDS DR STE A ODESSA, FL 33556	us	1 40071011 4		5004		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012005	Chg-P	CR2E034	(10/03)	
City & State		City & State		4. FEI Number 59-2980073		***	_ 	plied For Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		3.75 Add e Required	
	6. Name and Address of Current I HENRY H. FIELDS DR FL 33556		Blanton, Mark E. Street Address (P.O. Box Number is Not Acceptable) 11617 Innfields Drive Odessa, Florida 33556					
the obligat	named enlity submits this statement for ions of registered agent. Signature, typod or printed name of registered agent are the typod or printed name of registered agent agen	9. Election Campaig	Mark E. B			/12/05 DATE	niliar with,	and accept
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS	/CHANGES TO OFF	ICERS AND D	IRECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BLANTON, HENRY H. 11617 INNFIELDS DR, STE A ODESSA, FL	□ 3 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition
TITLE NAME STRFET ADDRESS CIFY-ST-78P	S BLANTON, META C 11617 INNFIELDS DR. ODESSA, FL 33556	☐ Delete	TITLE HAME STREET ADDRESS CITY ST-7IP			[] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANTON, MARK E 11617 INNFIELDS DR. ODESSA, FL. 33556	☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP	PTD Blanton, Ma 11617 Innf	ields Driv	e	Change	☐ Addition
INTLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANTON, HENRY H JR 11617 INNFIELDS DR. ODESSA, FL 33556	☐ Ocide	TITLE NAME STREET ADDRESS CITY-S1-ZIP	Odessa, Flo	orida 335.] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PURVIANCE, MABLE 2815 OLD FORT ROAD APT 100 MISSOULA, MT 59804	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS	V LAUBER, ANNABELLE 10917 128TH AVE. N.	☐ Delete	TITLE NAME STREET ADDRESS] Change	☐ 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.

CITY-ST-ZIP

LARGO, FL 33778

SIGNATURE: _		tan	BU	Mark E	. Blanton	04/12/05	813-920-1031	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date	Daytime Phone #	