


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000001786 1. Entity Name HB & MS INVESTMENTS, INC.	
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Principal Place of Business 6640 NICHOLS DR. MILTON, FL 32570	Mailing Address 6640 NICHOLS DR. MILTON, FL 32570
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05112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3617276	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLEUEL, HOWARD L JR 6640 NICHOLS DR. MILTON, FL 32570
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
(Signature of Registered Agent or Officer/Director of the Corporation) (Signature of Registered Agent or Officer/Director of the Corporation)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** 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	
TITLE NAME STREET ADDRESS CITY ST ZIP	D BLEUEL, HOWARD L JR 6640 NICHOLS DR. MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY ST ZIP	D SCHENFER, JUANITA M 6640 NICHOLS DR. MILTON, FL 32570
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05/20/06-80062-020 150.00

**DO NOT WRITE
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 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 a different name.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06 8509811631
DATE TIME FILED