

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 21, 2008
Secretary of State**

DOCUMENT# P01000014434

Entity Name: DBR INVESTMENTS, INC.

Current Principal Place of Business:

C/O SSI ACCOUNTING AND TAX SERVICE INC
3620 COLONIAL BLVD SUITE 230
FORT MYERS, FL 33966

New Principal Place of Business:

3620 COLONIAL BLVD SUITE 170
FORT MYERS, FL 33966

Current Mailing Address:

C/O SSI ACCOUNTING AND TAX SERVICE INC
3620 COLONIAL BLVD SUITE 230
FORT MYERS, FL 33966

New Mailing Address:

3620 COLONIAL BLVD SUITE 170
FORT MYERS, FL 33966

FEI Number: 65-1102015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SSI ACCOUNTING & TAX SERVICE INC.
3620 COLONIAL BLVD.
SUITE 230
FT. MYERS, FL 33966 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAETZ, WOLF-DIETER
Address: C/O SSI ACCOUNTING AND TAX SERVICE INC
City-St-Zip: FORT MYERS, FL 33966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: FUCHS, ROSWITHA
Address: 3620 COLONIAL BLVD SUITE 170
City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify 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: ROSWITHA FUCHS

P

11/21/2008

Electronic Signature of Signing Officer or Director

_____ Date