




2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90061 019 ***150.00

DOCUMENT # P01000017453 1. Entity Name EYE TO EYE INVESTIGATIONS, INC.					
Principal Place of Business 9812 GIBSONTON DR. N-21 RIVERVIEW, FL 33569			Mailing Address 9812 GIBSONTON DR. N-21 RIVERVIEW, FL 33569		
2. Principal Place of Business - No P.O. Box # 9812 GIBSONTON DR.		3. Mailing Address 9812 GIBSONTON DR.			
Suite, Apt. #, etc. F-21		Suite, Apt. #, etc. F-21			
City & State RIVERVIEW, FL		City & State RIVERVIEW, FL		4. FEI Number 59-3699112	
Zip 33569		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, LESTER L 9406 OAK ST. RIVERVIEW, FL 33569			7. Name and Address of New Registered Agent Name MARTIN, LESTER L. Street Address (P.O. Box Number is Not Acceptable) 9812 GIBSONTON DR F-21 City RIVERVIEW FL Zip Code 33569		
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 LESTER L. MARTIN <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/8/07 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, SPENCER W <input checked="" type="checkbox"/> Delete 9406 OAK STREET RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MARTIN, LESTER L <input type="checkbox"/> Delete 9406 OAK STREET RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, LESTER L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9812 GIBSONTON DR. F-21 RIVERVIEW, FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/8/07 <small>Date</small>		813-263-6897 <small>Daytime Phone #</small>