2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# P01000018820

Entity Name: SALAMON INVESTMENTS, INC.

Current Principal Place of Business:

PO BOX 266166
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

PO BOX 266166
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-1081630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT BRIZEL
1021 IVES DAIRY RD. SUITE 220
MIAMI, FL 33179 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: SALAMON, JOSEPH
Address: 2751 S OCEAN DR. PMYN
City-St-Zip: HOLLYWOOD, FL 33019

Title: VPD ( ) Delete
Name: SALAMON, AARON
Address: 2751 S OCEAN DR.
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD ( ) Delete
Name: SALAMON, DIANE
Address: 17530 SW 68 CT.
City-St-Zip: SW RANCHES, FL 33331

Title: PD ( ) Delete
Name: SALAMON, ROBERT
Address: 17530 SW 68 CT.
City-St-Zip: SW RANCHES, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT SALAMON PD 04/19/2006

Electronic Signature of Signing Officer or Director Date