
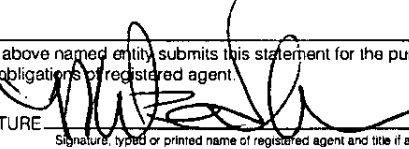
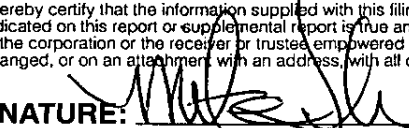


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90142 039 ***150.00

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|--|--|---|--|--|--|
| DOCUMENT # P01000037342 | | | |  | |
| 1. Entity Name ZURICH INVESTMENTS INC. | | | | | |
| Principal Place of Business 16115 SAN CARLOS BLVD. FT. MYERS, FL 33908 | | | Mailing Address 16115 SAN CARLOS BLVD. FT. MYERS, FL 33908 | | |
| 2. Principal Place of Business 16171 San Carlos Blvd. | | 3. Mailing Address 16171 San Carlos Blvd. | | | |
| Suite, Apt. #, etc. Unit #1 | | Suite, Apt. #, etc. Unit #1 | | | |
| City & State Fort Myers, Fla. | | City & State Fort Myers, Fla. | | 4. FEI Number 65-1104779 | |
| Zip 33908 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ILER, MICHAEL R 16115 SAN CARLOS BLVD. FT. MYERS, FL 33908 | | | 7. Name and Address of New Registered Agent Name Iler, Michael R. Street Address (P.O. Box Number is Not Acceptable) 16171 San Carlos Blvd. City Fort Myers, FL 33908 | | |
| 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  Pres. 04/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD <input type="checkbox"/> Delete ILER, MICHAEL R 16115 SAN CARLOS BLVD. FT. MYERS, FL 33908 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD <input type="checkbox"/> Delete LANGE, CYNTHIA I 1521 BRIARSON DR. SAGINAW, MI 48603 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete ILER-CADY, SHERYL 2547 TULIP STREET SARASOTA, FL 34242 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Iler, Michael R. 16171 San Carlos Blvd. Fort Myers, FL 33908 | | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | | |
| 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"/> Change <input type="checkbox"/> 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. SIGNATURE:  Pres. 04/29/05 (239) 454-9191 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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01102005 Chg-P CR2E034 (10/03)