

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91165 012 ***150.00

DOCUMENT # P01000052315 1. Entity Name KAYVAN INVESTMENTS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business Suite, Apt. #, etc. 3895 HIGHWAY 97 City & State MOLINO, FL Zip 32577		3. Mailing Address Suite, Apt. #, etc. 3895 HIGHWAY 97 City & State MOLINO, FL Zip 32577	
		DO NOT WRITE IN THIS SPACE	
		4. FEI Number 59-3735144	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name CHARLES VAN DEESE Street Address (P.O. Box Number is Not Acceptable) 3895 HIGHWAY 97 City MOLINO FL Zip Code 32577	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		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	D CHARLES VAN DEESE 3895 HIGHWAY 97 MOLINO, FL 32577	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE:		CHARLES VAN DEESE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5/1/2003	Daytime Phone # (850) 232-6473

CR2E034B (12/02)