## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2005 08:00 AM Secretary of State

STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME  NAME	1. Entity Nan MBJB IN Principal Pla 701 9TH A	JMENT # P010000759 me IVESTMENTS, INC. ICC of Business VENUE EAST N, FL 34208	Mailing Address 701 9TH AVENUE EAST BRADENTON, FL 34208			Secre	tary of State
MCCLENDON, CLYDE E 701 9TH AVENUE EAST BRADENTON, FL 34208  B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS	[			CE	03022005 No. 4. FEI Number 58-2652334	O Chg-P CR2E	Applied For Not Applicable \$8.75 Additional
SIGNATURE Squause, typed or printed name of registered agent and title if application.  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  After May 1, 2005 Fee will be \$550.00  In OFFICERS AND DIRECTORS  TITLE MGRM BENSON, MAHLON A III STREET ROBESS GUTY-57-ZIP CLARKSTON, MI 48348  FILE P NAME BENSON, JOSEPH W STREET ROBESS TITLE NAME BENSON, JOSEPH W STREET ROBESS STREET ROB	701 9TH A	DON, CLYDE E AVENUE EAST	gistered Agent				
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  TITLE MGRM BENSON, MAHLON A III STREET ADDRESS 5225 CLARKSTON RD CLARKSTON, MI 48348  TITLE NAME BENSON, JOŠEPH W 4160 S. SHORE WATERFORD, MI 48329  TITLE TIT	the obliga	ations of registered agent.		· ·	·	·	familiar with, and accept
TITLE MGRM NAME BENSON, MAHLON A III STREET ADDRESS CITY-ST-ZIP CLARKSTON, MI 48348 TITLE P BENSON, JOSEPH W STREET ADDRESS CITY-ST-ZIP WATERFORD, MI 48329 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	After M	lay 1, 2005 Fee will be \$550,00	Trust Fund Contribution.		00 May Be ed to Fees		
TITLE P BENSON, JOSEPH W STREET ADDRESS CITY-ST-ZIP WATERFORD, MI 48329  TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME  TITLE NAME	TITLE NAME STREET ADDRESS	MGRM BENSON, MAHLON A III 5225 CLARKSTON RD	ECTORS		03,	.U0000028239 /31/05-80037	<sup>95</sup> -024 150.00
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME  TITLE NAME NAME	NAME STREET ADDRESS	P BENSON, JOSEPH W 4160 S. SHORE					
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NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 also 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 of frustee improvered 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 attechment with an address, with all other like empowered.  SIGNATURE:    SIGNATURE		URE:	Michae	1. Allal	,	da Statutes, I further cel lade under oath; that I that my name appears	rtify that the information am an officer or director in Block 10 or Block 11 if