## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000091082

Entity Name: BIZER INVESTMENTS, INC.

FILED May 03, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	CEAN BLVD., TON, FL 3343			
Current Mailing Address:			New Mailing Address:	
	RDINER LANE LE, KY 40205	#207		
FEI Number	r: 31-1801673	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Address o	f New Registered Agent:
	LLEN B CEAN BLVD., TON, FL 3343			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
		03(2)(b), F.S., the corporation did n	ot receive the prior notice.	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( BIZER, ELLEN	) Delete B N BLVD., APT. 1504	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	BIZER DEMAR 1542 SE 12TH		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ROTH, BRUCE	ER LN., STE. 207	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D (	\ B . I .	Title:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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: ELLEN BIZER D 05/03/2007