FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90049 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000016044

1. Entity Name
CONNECTIONS INVESTMENTS, INC,

Principal Place of Business	Mailing Address
~~4134 GULF OF MEXICO DRIVE, SUITE 302~~ ~~LONGBOAT KEY, FL 34228~~	~~4134 GULF OF MEXICO DRIVE, SUITE 302~~ ~~LONGBOAT KEY, FL 34228~~

2. Principal Place of Business	3. Mailing Address
1633 EVINE	1633 EVINE
Suite, Apt. #, etc. 206	Suite, Apt. #, etc. 206
City & State Kissimmee FL	City & State Kissimmee FL
Zip 34744 Country	Zip 34744 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0634809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANSON, MARTYN
~~4134 GULF OF MEXICO DRIVE, SUITE 302~~
~~LONGBOAT KEY, FL 34228~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable) 1633 EVINE
206
City Kissimmee FL Zip Code 34744

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HANSON, MARTYN ~~4134 GULF OF MEXICO DRIVE, SUITE 302~~ ~~LONGBOAT KEY, FL 34228~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1633 EVINE ST #206 KISSimmee FL 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #