

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90188 025 ***150.00

DOCUMENT # P02000070657

1. Entity Name
FRIENDLY INVESTMENTS, INC.



Principal Place of Business
**C/O JUPITER LAW CENTER
 6390 INDIANTOWN RD, SUITE 30
 JUPITER, FL 33458**

Mailing Address
**C/O JUPITER LAW CENTER
 6390 INDIANTOWN RD, SUITE 30
 JUPITER, FL 33458**



DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 54-2069257 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GUMSON, RICHARD P ESQ.
 C/O JUPITER LAW CENTER
 6390 INDIANTOWN RD, SUITE 30
 JUPITER, FL 33458**

**DO NOT WRITE
 IN THIS SPACE**

8. The above named entry 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

[Handwritten Signature]

Signature, last and/or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/05
 DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | D |
| NAME | ASMAN, DONNA M |
| STREET ADDRESS | 13557 156 ST N |
| CITY-ST-ZIP | JUPITER, FL 33478 |

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| NAME | |
| STREET ADDRESS | |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature: Donna M. Asman]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05
 DATE

Daytime Phone #