

\$41.25

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**


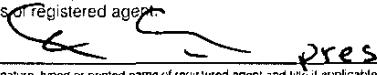
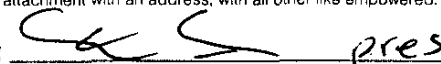
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07252005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000091969			
1. Entity Name INDIAN RIVER INVESTMENTS OF CENTRAL FLORIDA, INC.			
Principal Place of Business 705 B SEBASTIAN BLVD SEBASTIAN, FL 32958		Mailing Address 705 B SEBASTIAN BLVD SEBASTIAN, FL 32958	
2. Principal Place of Business 989 Sebastian Blvd Suite, Apt. #, etc. 1		3. Mailing Address 989 Sebastian Blvd Suite, Apt. #, etc. 1	
City & State Sebastian FL		City & State Sebastian FL	
Zip 32958	Country USA	Zip 32958	Country USA
6. Name and Address of Current Registered Agent SANDERS, SCOTT 1281 SEBASTIAN LAKES DR SEBASTIAN, FL 32958		7. Name and Address of New Registered Agent Name SANDERS SCOTT Street Address (P.O. Box Number is Not Acceptable) 13680 N. Indian River Drive City Sebastian FL Zip Code 32958	
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  pres. 7-25-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD <input type="checkbox"/> Delete NAME SANDERS, SCOTT STREET ADDRESS 1281 SEBASTIAN LAKES BLVD CITY-ST-ZIP SEBASTIAN, FL 32958		TITLE PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SANDERS, SCOTT STREET ADDRESS 13680 N. Indian River Dr. CITY-ST-ZIP Sebastian FL 32958	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 800058892438 CITY-ST-ZIP 08/23/05--01043--022 **197.50	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 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:  pres 7-25-05 772 388 2255 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			