

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093208

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: CPA DIRECTED INVESTMENTS, INC.

## Current Principal Place of Business:

6821 PALISADES PARK CT.  
SUITE 1  
FORT MYERS, FL 33912

## New Principal Place of Business:

## Current Mailing Address:

6821 PALISADES PARK CT.  
SUITE 1  
FORT MYERS, FL 33912

## New Mailing Address:

FEI Number: 52-2373967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NORTHROP, MARK  
13700 SIX MILE CYPRESS PKWY, STE 2  
FORT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

NORTHROP, MARK  
6821 PALISADES PARK CT.  
SUITE 1  
FORT MYERS, FL 33912 US

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.

SIGNATURE:

01/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NORTHROP, MARK  
Address: 13700 SIX MILE CYPRESS PKWY, STE 2  
City-St-Zip: FORT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NORTHROP, MARK  
Address: 6821 PALISADES PARK CT. STE 1  
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK NORTHROP

D

01/09/2006

Electronic Signature of Signing Officer or Director

Date