

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000105267

1. Entity Name
CIRCLE 3 INVESTMENTS INC.



Principal Place of Business
4600 OLD LUCERNE PARK ROAD
WINTER HAVEN, FL 33881

Mailing Address

4600 OLD LUCERNE PARK ROAD
WINTER HAVEN, FL 33881

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
27-0032998

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACKWELL, JAMES
3009 OLD LUCERNE PARK ROAD
WINTER HAVEN, FL 33881

Name

Street Address (P.O. Box Number is Not Acceptable)

3045 Old Lucerne PK Rd.

City

Winter Haven

FL

Zip Code
33881

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 remaking)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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: P
NAME: BROWN, HARRY
STREET ADDRESS: 3025 OLD LUCERNE PARK ROAD
CITY-ST-ZIP: WINTER HAVEN, FL 33881

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE: ST
NAME: BLACKWELL, JAMES
STREET ADDRESS: 3045 OLD LUCERNE PK RD
CITY-ST-ZIP: WINTER HAVEN, FL 33881

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE: V
NAME: KATROS, ANDREW
STREET ADDRESS: 1408 PALM DR SE
CITY-ST-ZIP: WINTER HAVEN, FL 33881

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Harry Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07 (863)294-3090

Date

Daytime Phone #

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90102 037 ***158.75