


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90258 028 ***150.00

DOCUMENT # P03000061412					
1. Entity Name DRAGON POINT INVESTMENTS, INC.					
Principal Place of Business 2815 S. HARBOR CITY BLVD MELBOURNE, FL 32901			Mailing Address 2815 S. HARBOR CITY BLVD MELBOURNE, FL 32901		
2. Principal Place of Business 745 Beach, ST Suite, Apt. #, etc.		3. Mailing Address 745 Beach ST Suite, Apt. #, etc.			
City & State SATellite Bch FL		City & State SATellite Bch FL			
Zip 32937		Country USA		4. FEI Number 58-2672948	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAVID W. DYER, P.A. 325 FIFTH AVE SUITE 205 INDIALANTIC, FL 32903			7. Name and Address of New Registered Agent Name: Jerry D. Roberts Street Address (P.O. Box Number is Not Acceptable) 745 Beach ST City: SATellite Bch. FL Zip Code: 32937		
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: <u>Jerry D. Roberts</u> Jerry D. Roberts, Reg. Agent 1/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, RYAN DEAN 2815 S. HARBOR CITY BLVD MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Roberts, Jerry 745 Beach ST SATellite Bch. FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Jerry D. Roberts</u> Jerry D. Roberts, Pres 1/29/04 544-3955 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					