2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000111114

1. Entity Name
BULL'S EYE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
10865 CROSS CREEK BLVD TAMPA, FL 33647	10865 CROSS CREEK BLVD TAMPA, FL 33647

DO NOT WRITE IN THIS SPACE

04102006   No Chg-P   CR2E034 (11/05)

4. FEI Number 56-2403861	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOUBARAK, NAKHLE
2928 E FLOWER AVE
TAMPA, FL 33612

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000504349
04/26/06-80068-015 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MOUBARAK, FADI
STREET ADDRESS	16103 CADBURY CT
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	MOUBARAK, NAKHLE
STREET ADDRESS	2928 E FLOWLER AVE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____ NAKHLE MOUBARAK _____ 4/10/06 _____ 813-240 7240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #