2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000002019

Entity Name: GANYMEDE INVESTMENTS, INC.

FILED Aug 16, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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360 TAMIAMI TRAIL

PORT CHARLOTTE, FL 33953 US

Current Mailing Address: New Mailing Address:

1633 DODGE CT 360 TAMIAMI TRAIL

NORTH PORT, FL 34286 US PORT CHARLOTTE, FL 33953 US

FEI Number: 51-0525862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FURLONG, WAYNE B CHARDE, JOSEPH B 1633 DODGE CT 207 N. COLLIER BLVD

NORTH PORT, FL 34286 US MARCO ISLAND FL, FL 34145 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: JOSEPH B. CHARDE 08/16/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition

 Name:
 FURLONG, WAYNE B
 Name:
 CHARDE, JOSEPH B

 Address:
 2657 SW ANN ARBOR
 Address:
 207 N. COLLIER BLVD

 City-St-Zip:
 PORT ST. LUCIE, FL 34986
 City-St-Zip:
 MARCO ISLAND, FL 34145

Title: P (X) Delete Title: () Change () Addition

 Name:
 MILLIAN, ADELINE A
 Name:

 Address:
 1633 DODGE CT
 Address:

 City-St-Zip:
 NORTH PORT, FL 34286
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

Name:MANSON, CHARLES HName:Address:13209 S INDIAN RIVER DRAddress:City-St-Zip:JENSON BEACH, FLCity-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH B. CHARDE P 08/16/2005