FILED 2006 FOR PROFIT CORPORATION ANNUAL REPORT Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P04000066835 LUCKY HOMES INVESTMENT, INC. Principal Place of Business Mailing Address 1064 PEPPERIDGE DRIVE 1064 PEPPERIDGE DRIVE PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 US 04192006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 27-0087713 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WASEF, SAMIR P DO NOT WRITE 1064 PEPPERIDGE DRIVE PALM HARBOR, FL 34683 IN THIS SPACE 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.

9. Election Campaign Financing

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Financing Trust Fund Contribution.
18.	OFFICERS AND DIRE	CTÖRS .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WASEF, SAMIR P 1064 PEPPERIDGE DR. PALM HARBOR, FL 34683	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
7(7) 5		

Signature, typed or printed name of registered agent and title if applicable

U00000527499 05/04/06-80114-025 150.00

DATE

Applied For

Not Applicable

DO NOT WRITE 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.

(NOTE Registered Agent signature required when reinstating)

\$5.00 May Be

Added to Fees

SIGNATURE:

SIGNATURE.

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #