



FILED
May 21, 2007 8:00 am
Secretary of State

04-27-2007 90189 029 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000103450		
1. Entity Name BAM INVESTMENTS, INC.		
Principal Place of Business 302 BURNT PINE DRIVE NAPLES, FL 34119		Mailing Address 302 BURNT PINE DRIVE NAPLES, FL 34119
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PASCALE, MICHAEL 302 BURNT PINE DRIVE NAPLES, FL 34119		66016004  04192007 No Chg-P CR2E034 (11/05) 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE 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.
		SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASCALE, WILLIAM 501 LA PENINSULA NAPLES, FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PASCALE, MICHAEL 302 BURNT PINE DRIVE NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PASCALE, MARILYN 501 LA PENINSULA NAPLES, FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PASCALE, MICHELE 302 BURNT PINE DRIVE NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Michael Pascale</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/19/07</u> <u>239 825 1077</u> <small>Date Daytime Phone #</small>