

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
06-21-2006 90001 050 ***150.00
FILE P04000146654

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ESC

DOCUMENT # P04000146654					
1. Entity Name EGE INVESTMENTS INC.					
Principal Place of Business 4104 MILLENIA BLVD SUITE 103 ORLANDO, FL 32839			Mailing Address 4104 MILLENIA BLVD SUITE 103 ORLANDO, FL 32839		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 27-0109531	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GULER, MUJDAT 4333 SILVER STAR RD #170 ORLANDO, FL 32808			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULER, AYSE I			NAME	
STREET ADDRESS	4333 SILVER STAR RD #170			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULER, CANDAS			NAME	
STREET ADDRESS	4333 SILVER STAR RD #170			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULER, CIHAN			NAME	
STREET ADDRESS	4333 SILVER STAR RD #170			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULER, MUJDAT			NAME	
STREET ADDRESS	4333 SILVER STAR RD #170			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> 5/29/06 <small>Daytime Phone #</small>					