
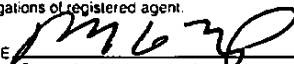
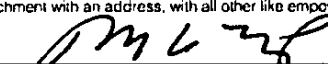


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

04-23-2007 90095 027 ****50.00
05-11-2007 90038 001 ***100.00

DOCUMENT # P05000020044			
1. Entity Name ODB INVESTMENTS, INC.			
Principal Place of Business 185 CYPRESS POINT PARKWAY, STE. 6 PALM COAST, FL 32164		Mailing Address 185 CYPRESS POINT PARKWAY, STE. 6 PALM COAST, FL 32164	
2. Principal Place of Business - No P.O. Box # 4 Old Kings Rd., N.		3. Mailing Address 4 Old Kings Rd., N.	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
City & State Palm Coast, FL		City & State Palm Coast, FL	
Zip 32137	Country USA	Zip 32137	Country USA
6. Name and Address of Current Registered Agent GUNTARP, PAUL M. JR. 185 CYPRESS POINT PARKWAY, STE. 6 PALM COAST, FL 32164		7. Name and Address of New Registered Agent Name Paul M. Guntharp, Jr. Street Address (P.O. Box Number is Not Acceptable) 4 Old Kings Rd., N., Suite B Palm Coast FL 32137	
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  DATE 4/18/07 <small>Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when registering)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUNTARP, PAUL M. JR. 185 CYPRESS POINT PARKWAY, STE. 6 PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Paul M. Guntharp, Jr.		Date 4/18/07 386 445-8900 <small>Daytime Phone #</small>	