

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90047 036 ***150.00

DOCUMENT # P05000044776
 1. Entity Name
 26 INVESTMENTS CORP.



Principal Place of Business
 255 ALHAMBRA CIR STE 720
 BOCA RATON, FL 33434

Mailing Address
 255 ALHAMBRA CIR STE 720
 BOCA RATON, FL 33434

60010839

2. Principal Place of Business
 5422 NW 21 AVE

3. Mailing Address
 SAME

Suite, Apt. #, etc.

City & State
 BOCA RATON FL

City & State

Zip
 33496

Country
 PALM BEACH



01272006 Chg-P CR2E034 (11/05)

4. FEI Number
 20-2576737

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUILLERMO ANDRADE, CPA, PA
 255 ALHAMBRA CIR STE 720
~~BOCA RATON, FL 33434~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City CORAL GABLES FL Zip Code 33134

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 *[Signature]* DATE 1/27/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	DP NELSON, DONALD 2404 BRIDGEWOOD DR BOCA RATON, FL 33434	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD NELSON 5422 NW 21 AVE. BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SABRINA NELSON, V.P. 5422 NW 21 AVE BOCA RATON FL 33496
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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: *[Signature]* DATE 1/27/06 541) 809-0810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #