


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90112 007 ***158.75

DOCUMENT # P05000051326	
1. Entity Name F.E.V. INVESTMENTS, INC.	

Principal Place of Business 2000 S OCEAN BLVD SUITE 10C LAUDERDALE BY THE SEA FL 33062	Mailing Address 2000 S OCEAN BLVD SUITE 10C LAUDERDALE BY THE SEA FL 33062
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address FEV INV. INC. c/o TIGER-VAC PO BOX 2829
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City & State PLATTSBURGH NY	City & State PLATTSBURGH NY
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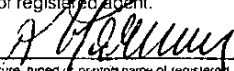
Zip 12901	Country USA
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4. FEI Number 20-2741338	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLODIG, GREGORY J 100 W CYPRESS CREEK RD SUITE 700 FT LAUDERDALE FL 33309	
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7. Name and Address of New Registered Agent Name ROCCO MARIANI Street Address (P.O. Box Number is Not Acceptable) 2000 S OCEAN BLVD SUITE # 10C City LAUDERDALE BY THE SEA FL Zip Code	
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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 	ROCCO MARIANI (OWNER) (NOTE: Registered Agent signature required when reinstating)	DATE MARCH 16, 2006

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIANI, ROCCO 2000 S OCEAN BLVD SUITE 10C LAUDERDALE BY THE SEA FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	VITO MARIANI (CONTROLLER)	03/16/06	(800)668-4437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #