## FILED May 02, 2006 8:00 am Secretary of State

02-02-2006 90035 003 \*\*\*150 00

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	ne	# P05000055			02-02-2	.006 900	35 003 "	130.00		
Principal Place of Business Mailing Address 1325C DEL PRADO BLVD S 1325C DEL PRADO BLVD S CAPE CORAL, FL 33990 US CAPE CORAL, FL 33990 US							IJA SAIRI BISII BEIN BRIN AI	illi Paiti Andi P	MDI ITEM ABIET I	OMREZ M 1970)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262006	Chg-P		34 (11/05)	
City & State			City & State		4. FEI Num	-26811	9D		pplied For ot Applicable	
Zip	Country		Zip Coun		עעו	5. Certificat	e of Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent					Name	7. Name ar	d Address of New	Registered /	Agent	
DAVID, W CARY 1325 DEL PRADO BLVD S					Street Address (P.O. Box Number is Not Acceptable)					
C CAPE CORAL, FL FL						· · · · · · · · · · · · · · · · · · ·				
					City			FL	Zip Cod	
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, types	or proted name of regulared agent (	rd Agent signature requi	red when remaining)		DATE				
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550.0	nding \$	5.00 May Be oded to Fees						
10.	-					ADDITIONS	I CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
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CITY-ST-ZIP TITLE	D CAPE CC	PRAL, FL 33990	Delets	CITY	-ST-ZIP E			_	☐ Change	Addition
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ITTLE NAME STREET ADDRESS			☐ Celeto	FITLE HAAR STRE					Change	Addition
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 807. 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:  Don to fine  (*25.06)  BOARTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Of the Control of t										

## ATTACK...INT DAVID W. CARY, ACCOUNTANTS & CONSULTANTS ATTACHMENT

April 28, 2006

Florida Department of State PO Box 6327 Tallahassee, FL 32314

RE: Vogue Investments, Inc. P05000055108

Gentlemen or Ladies,

In reference to your letter dated February 6, 2006, regarding missing information. Unfortunately, this letter was missed placed in error. We have enclosed the corrected Annual Report with the requested information.

Should you have any questions, please contact me.

Sincerety.

David W. Cary Accountant

DWC/cjt

1325-C Del Prado Blvd. S Cape Coral, Florida 33990

(239) 458-0777 fax (239) 458-4767

dcary@swfla.rr.com davidwcary.com