

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90040 005 ***550.50

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08302006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000065349 1. Entity Name SIMPLIFIED INVESTMENTS, INC.			
Principal Place of Business 5573 GREY HAWK LN LAKELAND, FL 33810-4002		Mailing Address 5573 GREY HAWK LN LAKELAND, FL 33810-4002	
2. Principal Place of Business 5810 Sawyer Rd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5810 Sawyer Rd <small>Suite, Apt. #, etc.</small>	
<small>City & State</small> Lakeland FL		<small>City & State</small> Lakeland FL	
<small>Zip</small> 33810		<small>Country</small> US	
4. FEI Number 20-2809458		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERNS, GARY 5573 GREY HAWK LN LAKELAND, FL 33810-4002		7. Name and Address of New Registered Agent Name GARY KERNS Street Address (P.O. Box Number is Not Acceptable) 5810 Sawyer Road City Lakeland FL <small>Zip Code</small> 33810	
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 NAME KERNS, GARY STREET ADDRESS 5573 GREY HAWK LN CITY-ST-ZIP LAKELAND, FL 338104002	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KERNS, Gary STREET ADDRESS 5810 Sawyer Rd CITY-ST-ZIP Lakeland FL 33810		
TITLE D <input type="checkbox"/> Delete NAME KERNS, RITA STREET ADDRESS 5573 GREY HAWK LN CITY-ST-ZIP LAKELAND, FL 338104002	TITLE Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KERNS, Rita STREET ADDRESS 5810 Sawyer Rd CITY-ST-ZIP Lakeland FL 33810		
TITLE D <input type="checkbox"/> Delete NAME KERNS, MICHELLE STREET ADDRESS 5126 IDLEWOOD LN CITY-ST-ZIP LAKELAND, FL 33811	TITLE Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KERNS, Michelle STREET ADDRESS 5810 Sawyer Rd CITY-ST-ZIP Lakeland FL 33810		
TITLE D <input type="checkbox"/> Delete NAME BARLEY, LUCAS STREET ADDRESS 5126 IDLEWOOD LN CITY-ST-ZIP LAKELAND, FL 33811	TITLE V P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Barley Lucas STREET ADDRESS 5810 Sawyer Rd CITY-ST-ZIP Lakeland FL 33810		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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:		Date 8/30/06 Daytime Phone # 863 8389197	