2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000147095 1. Entity Name SURE THING INVESTMENTS INC.								06 AUG 31 AM 9: 48					
2892 MAJESTIC ISLE DR 2				Mailing Address 2892 MAJESTIC ISLE DR CLERMONT, FL 34711				SECRLIARY OF STATEDA TALLAHASSEE, FLORIDA					
2. Principal Place of Business 3.				3. Mailing Address				1 1 2 3 4 5 5 5 5 5 5 5 5 5					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				08292006	Chg-P	C	R2E034	(11/05)		
City & State				City & State	-		203708171 Not			plied For t Applicable			
Zip 		Country		Zip	Coun	try			of Status Desire		- Fe	8.75 Addi e Required	itional I
	6. Name	and Address of C	urrent Regis	tered Agent		Name		7. Name and	Address of Ne	w Regis	tered Ag	ent	
ROMAN, C 2892 MAJE CLERMON	ESTIC ISL	.E DR			Street Add	ress (F	P.O. Box Numb	er is Not Accept	able)		·		
					City					FL	Zip Code)	
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, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 9. Election Trust F					ign Finar ribution.	ncing 🗀	\$5 . Add	00 May Be ed to Fees	_				
10.	PD	OFFICE	S AND DIREC				ADDITIONS	/CHANGES TO	OFFICE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROMAN, CHARMAINE 2892 MAJESTIC ISLE DR					E LEE ADDRESS -ST-ZIP		09/1	0007: 2/0601:	97: 067	330	□ Change 0 1 7 **158	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP											[_ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	- 1	l l						☐ Change	Addition
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.													or director
SIGNAT	TURE:	LLOUP NO SIGNATURE AND T	YPED OR PRINTE	D NAME OF SIGNING OFFICE	OR DIREC	TOR	_		Date		Dav	time Phone #	

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Price Accounting Firm, Inc.

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS REINSTATEMENT DEPARTMENT

To Whom It May Concern,

TALLAHASSEE, FLORIDA

This letter is to inform you that Sure Thing Investments Inc., did not receive the annual corporate report form. The corporation expired, and the corporation annual report was not mailed to the current shareholder. The current shareholder was not aware of the Annual Report and, the address of record was not updated, thus the current shareholder did not inquire about the report. Due to these facts we are asking that you wave the reinstatement fee. Enclosed is a check for the outstanding amount due over a period of four years.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,

Charmaine Roman

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Price's Accounting Firm Inc.