2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154827

Entity Name: SAINT ESTEFANOS INVESTMENT INC

FILED Apr 13, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|------------------------------|--|--|--|
| 2227 KEN CLEARWA | T PLACE ATER, FL 33764 | US | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 2227 KEN CLEARWA | T PLACE ATER, FL 33764 | US | | | |
| FEI Number: | : 20-3826343 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | | |
| BISHARA, 2227 KEN CLEARW | | 4 US | | | |
| | named entity sul e of Florida. | omits this statement for the | purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electronic | Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financing T | rust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | P () Do BISHARA, MACAR 2227 KENT PLACI CLEARWATER, F | :I E | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () DO HANNA, ASHRAF 3509 SHORELINE PALM HARBOR, F | CIRCLE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S () Do BISHARA, MADGA 2227 KENT PLACI CLEARWATER, F | ι Ε | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | T () Do | | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MACARI M. BISHARA PD 04/13/2006

3509 SHORELINE CIRCLE

PALM HARBOR, FL 34683 US

Address:

City-St-Zip: