## FILED Apr 11, 2007 8:00 am Secretary of State

2007	FOR PROFIT CORPORATION
	ANNUAL REPORT

DOCUMENT # P05000162885  1. Entity Name FLW INVESTMENTS, INC						04-11-200	_		50.00	
Principal Place of Business Mailing Address  214 E MAIN STREET PO BOX 1266 TAVARES, FL 32778 EUSTIS &L 32727			tangt tangt	-	4(	0057183				
2. Principal F	Place of Business - No P.O. Box #	K								
Suite, Apt. #, etc.		338 E. Z. Suite, Apt. #, etc.	13 CEWIL		3272007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State  Fu \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b></b>	4.	FEI Number 20-395			<b>⊢</b> → —	oplied For ot Applicable	
Zip	ر الأمارية . Country		Country	5.		of Status Desired		\$8.75 Add	litional	
	6. Name and Address of Current	· ·	7. Name and Address of New Registered Agent							
BECK, FRED L 5200 LAKE POINSETT ROAD COCOA, FL 32926				Name FRED BECK  Street Address (P.O. Box Number is Not Acceptable)  3.38. E. TDLEWILD AVE.						
	` ~		City				FL	Zip Cod	e	
8. The above	named entity submits this statement fo	r the purpose of changing its reg	gistered office or	registered a	agent, or bot	th, in the State of F		· <u>」                                    </u>	and accept	
the obligat	tions of registered agent.	-							·	
SIGNATURE.	Signature, typed or printed name of registered agent is	and tale if applicable (NOTE Re	egistered Agent signal	ure required when	reinstating)		4-9-	01		
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees										
10.	OFFICERS AND		11.			CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE NAME	P   BECK, FRED L	☐ Delete	TITLE NAME	PRED	L. B.	Eck		Change	☐ Addition	
STREET ADDRESS	5200 LAKE POINSETT ROAD		STREET ADDRESS	338	E. II	DLEWILD				
TITLE	COCOA, FL 32926	Delete	CITY - S1 - ZIP	Eus	T15 18	<u>1 3272</u>	ص) ا	☐ Change	☐ Addition	
NAME	BECK, DIANA W	C.I Delete	NAME					□ Change	AGGIIIDII	
STREET ADDRESS CITY-ST-ZIP	5200 LAKE POINSETT ROAD COCOA, FL 32926		STREET ADORESS CITY-SI-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		· Delete	TITLE NAME					☐ Change	Addition	
STREET AUDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			<del></del>		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADORESS CITY-ST-ZIP						į	
12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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: 4-9-07 352-343-8894  SIGNATURE: Date Daylette Phone #										