2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166186

FILED Apr 07, 2006 Secretary of State

Entity Na	me: SARGEA	NT INVESTMENTS INC				
Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:		
	REST RUN DF FON, FL 3421		UNIT 7	124 SAN JOSE BLVD UNIT 7 JACKSONVILLE, FL 32223 US		
Current IV	lailing Addres	s:	New Mail	New Mailing Address:		
10849 FOREST RUN DR BRADENTON, FL 34211			#314	450-106 STATE RD 13 N #314 JACKSONVILLE, FL 32259		
FEI Number	: 20-4077528	FEI Number Applied For ()	FEI Number Not App	plicable () C	Certificate of Status Desire	d()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
10849 FOI	IERICAN BUSI REST RUN DF FON, FL 3421					
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered office	ce or registered agent,	or both,
SIGNATUI	RE:					
	Electror	ic Signature of Registered Ag	ent	Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P, S (SARGEANT, M 10849 FORES BRADENTON,	RUN DR	Title: Name: Address: City-St-Zip:	SARGEANT, MARG 450-106 STATE R	D 13N, #314	

Title: () Delete Title: (X) Change () Addition

SARGEANT, MARK A SARGEANT, MARK A Name: Name:

Address: 10849 FOREST RUN DR Address: 450-106 STATE RD 13N, #314 BRADENTON, FL 34211 JACKSONVILLE, FL 32259 US City-St-Zip: City-St-Zip:

Title: () Change (X) Addition Title: () Delete

SARGEANT, TÉRESA Name: Name: 450-106 STATE RD 13N, #314 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32259 US

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.

SIGNATURE: M SARGEANT VΡ 04/07/2006