


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05402
 1. Entity Name
 PPA INVESTMENTS, INC.



Principal Place of Business 500 COLONIAL CENTER PARKWAY STE 600 ROSWELL, GA 30076 US	Mailing Address 500 COLONIAL CENTER PARKWAY SUITE 600 ROSWELL, GA 30076 US
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03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1604674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MORRIS, GEORGE W 13675 FREEMANVILLE RD. ALPHARETTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUBAY, DANIEL M 5693 CREEKSIDE DR NORCROSS, GA 30092
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 03/27/07-80034-021 150.00

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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: Michele F. Casler, Principal Michele F. CASLER, Principal 3/13/07 770 998 8721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #