
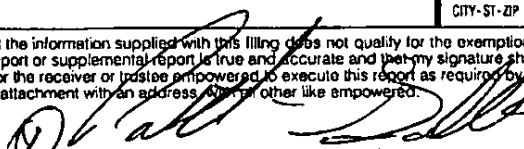


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3, Mar 26, 2008 8:00 am
Secretary of State

03-10-2008 90059 014 ***150.00

DOCUMENT # P07000022456			
1. Entity Name XLR INVESTMENTS, INC.			
Principal Place of Business 2225 HIGHWAY A1A #506 INDIAN HARBOUR BEACH, FL 32937		Mailing Address 2225 HIGHWAY A1A #506 INDIAN HARBOUR BEACH, FL 32937	
2. Principal Place of Business - No P.O. Box # PO Box 372158		3. Mailing Address PO Box 372158	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Satellite Beach FL		City & State Satellite Beach FL	
Zip 32937-0158		Zip 32937-0158	
Country BREVARD		Country BREVARD	
4. FEI Number 45-0553086		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 GABRIELE, PATRICK M 2225 HIGHWAY A1A #506 INDIAN HARBOUR BEACH, FL 32937 Mr. Patrick Gabriele 4549 Rivermist Dr. Melbourne, FL 32935-7164		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4549 River mist DR City MELBOURNE FL Zip Code 32935	
purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GABRIELE, PATRICK M 2225 HIGHWAY A1A #506 INDIAN HARBOUR BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, or on other like empowered.			
SIGNATURE: 		Date 3-5-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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03052008 Chg-P CR2E034 (12/06)