04/19/2008 11:48 FAX 3052550360

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Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90029 046 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000073306

1. Entity Name
AKROTIRI INVESTMENTS, INC.

40077055

Principal Place of Business	Mailing Address
81 ANDOVER LANE MARAWAN, NJ 07747	PO BOX 504 MATAWAN, NJ 07747

03192008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1201 SOUTH OCEAN DR.	1201 SOUTH OCEAN DR.
Suite, Apt. #, etc. 1507 SOUTH	Suite, Apt. #, etc. 1507 SOUTH
City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip / Country 33019 / USA	Zip / Country 33019 / USA

4. FEI Number
510 645435
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUGARMAN, CARL M 17345 S DIXIE HIGHWAY MIAMI, FL 33157	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DPS GOMLICK, LOUIS 81 ANDOVER LANE MARAWAN, NJ 07747	☒ Delete	D P S BRIAN C ALEX 1201 SOUTH OCEAN DR #1507 SOUTH HOLLYWOOD, FL 33019	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: X BRIAN C ALEX 4/19/08 954 923 8919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #