FILED Apr 10, 2007 8:00 am Secretary of State 04-10-2007 90020 010 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP	1. Emity Na	JMENT #P9200001 THE INVESTMENTS, INC.	1236								
Suite, Apt. 4, etc. Suite, Apt. 4, etc. O1952007 Cng.P CR2E034 (12/06)	3200 TAMI Suite 200 Naples, Fl		4								
City & Suise Country A - ET Number											
Section Sect								CR			
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name									-		
WOODWARD, MARK J 3200 TAMIAMI TRAIL N., SUITE 200 NAPLES, FL 34 103 City City FL Zip Code 8. The above named entity suchrists his statement for the purpose of changing its registered office or registered agent, or both, in the State of Fortite. I am territies with, and access the obligations of registered agent, and the state of Fortite. I am territies with, and access the obligations of registered agent, or both, in the State of Fortite. I am territies with, and access the obligations of registered agent, or both, in the State of Fortite. I am territies with, and access the obligations of registered agent, or both, in the State of Fortite. I am territies with, and access the obligations of registered agent, or both, in the State of Fortite. I am territies with, and access the red obligations of registered agent, or both, in the State of Fortite. I am territies with, and access the red obligations of registered agent, or both, in the State of Fortite. I am territies with, and access the red obligations of registered agent, or both, in the State of Fortite. I am territies with, and access the red obligations of registered agent, or both, in the State of Fortite. I am territies with, and access the red obligation of Fortites agent, and access the red obligation of Fortites and access the red obligation of Fortites and access the red obligation of Fortites and access the red obligation of the red obligat	Zip		Country Zip Cou		Nry		5. Certificate	of Status Desi	rea 🗆		
Sized Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Currer	nt Registered Agent		Name		7. Name and	Address of N	lew Register	ed Agent	
B. 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 em familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I em familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I em familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I em familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I em familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I em familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I em familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I em familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I em familiar with, and according to the special part of the State of Florida. I em familiar with, and according to the special part of the State of Florida. I em familiar with, and according to the special part of the State of Florida. I em familiar with, and according to the special part of Floridas according to the special part of Floridas. I em familiar with, and according to the special part of Floridas. I em familiar with, and according to the exemptions according to the part of Floridas and according to the exemptions consisted by Chapter 607, Florida Statutes, and then by representation of the receiver or business empowered to execute this record as required by Chapter 607, Florida Statutes, and then by reme appears in Block. If or Blocks 11 of the receiver or business empowered to execute this record as required by Chapter 607, Florida Statutes, and then by reme appears in Block. If or Blocks 11 of the receiver or business empowered to execute this record as required by Chapter 607, Florida Statutes, and	3200 TAMIAMI TRAIL N., SUITE 200				Street Address (P.O. Box Number is Not Acceptable)						
In the boligations of registered agent. Signature					<u> </u>					<u> </u>	
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.	the obliga	fions of registered agent.						th, in the State			, and accept
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INV-ST-ZIP INTE Delete D	TITLE NAME STREET ADDRESS CITY-S1-ZIP		□ Del¤e	NAME STREE	T ADDRESS					☐ Change	Addition
2. Thereby certily that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statulas, 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 attrachment with an address, with all other like empowered. February 15, 2007 (239) 649–6555	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	NAME STREE	T ADDRESS					□ Change	Addition
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SIGNATURE:	indicated in	on this report or supplemental report is poration or the receiver or trustee emp	s true and accurate and that i owered to execute this report	my signatu Las require	ire shall have ed by Chapter	the san r 607, F	ne legal effect forida Statutes	and that may r	der cath; that same appears	Lam an officer is in Block 10 or	or director Block 11 if
	SIGNAT	URE:	PRINTED NAME OF RIGHING OFFICE	OR DIRECTO		ebru	ary / 5,		(239)		·