

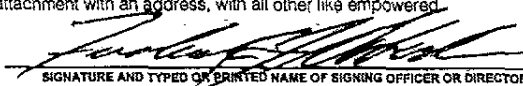


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P92000011387 1. Entity Name SOBECK INVESTIGATIONS UNLIMITED, INC.		
Principal Place of Business 513 U.S. HIGHWAY 1 STE. 110 NORTH PALM BEACH, FL 33408	Mailing Address PO BOX 14365 NORTH PALM BEACH, FL 33408 US	
<div style="text-align: right;">  04282006 No Chg-P CR2E034 (11/05) </div>		
4. FEI Number 65-0384921		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BUSO, JOHN N ESQ 1645 PALM BEACH LAKES BLVD SUITE 500 WEST PALM BEACH, FL 33401		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOBECK, FREDERICK J 513 US HWY 1, SUITE 110 NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SOBECK, JULIE A 513 US HWY 1, STE 110 NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/28/06 Daytime Phone #: 561-8408407

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