2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

FILED Mar 12, 2008 08:00 A Secretary of State

ANNUAL REPORT	
DOCUMENT # P94000076250	
1. Entity Name	L

INVESTECH, INC.



Principal Place of Business 8211 W BROWARD BLVD PENTHOUSE #4 PLANTATION, FL 33324 Mailing Address PO BOX 811852 BOCA RATON, FL 33481 US



CR2E034 (11/05) 02042008 No Chg-P

4. FEI Number 65-0532457

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Address	of Current	Registered Agent

THALER, SAMUEL S

NOT WOITE

8211 W BROWARD BLVD PENTHOUSE #4 PLANTATION, FL 33324			IN THIS SPACE			
the obligat	ions of registered agent.	ourpose of changing its registere	ed office or ri	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and little	d applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D THALER, SAMUEL S 8211 W BROWARD BLVD-PENTHOU PLANTATION, FL				NOODDOEAEDZ	
TITLE NAME STREET ADDRESS CITY+ST-ZIP					000000854587 03/27/08-80014-011 150.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP					NOT WRITE	
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CHTY-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAMVER

561 706 6858