FILED 00 AM ate

ANNUAL REPORT				May 02, 2007 08:0			
DOCUMENT # P95000049640 1. Entity Name B & B INVESTMENTS, INC.					\$	Secretary	of Sta
Principal Place of Business 459 EAGLE RIDGE DR LAKE WALES, FL 33859		Mailing Address 459 EAGLE RIDGE DR LAKE WALES, FL 33859 US		. Inanigar ka jaigk akin gani agkin ganin agkin ganin arkin ginka lanin gink angkin ganigar ki ikab			
A Commence	· · · · · · · · · · · · · · · · · · ·	^E	04262007 No Chg-P CR2E034 (11/05)				
DO NOT WRITE IN THIS SPA			CE	FEI Numb 59-332 Certificate		 	
6. Name and Address of Current Registered Agent MADI, ABDULLAH 7339 BENT GRASS DR WINTER HAVEN, FL 33884			DO NOT WRITE IN THIS SPACE				
signature.	named entity submits this statement for tions of registered agent. Signature, hyped or printed name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	title if applicable (NOTE: Registere 9. Election Campaign Finar	d Agent signature required		oth, in the State of Fig.	DATE	n, and accept
10.	OFFICERS AND D	IRECTORS	1	· ·	, .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVST MADI, ABDULLAH 459 EAGLE RIDGE DR. LAKE WALES, FL 33859						
NAME STREET ADDRESS CITY-ST-ZIP			K Y		· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADORESS CHY-ST-ZIP TITLE				IN	THIS SF	ACE	
NAME STREET ADDRESS CITY-ST-ZIP				448		000755067 07-80087-02	ብ ነርጉ በ
NAME			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	120 1	שמר בבר	U 1 1100000 1 1100	O TONER

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 cath; that I am an officer or director of the corporation or the receiver or truster 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 ther like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #