2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000066499

1. Entity Name

FIRSTRUST INVESTMENTS, INC.



Principal Place of Business

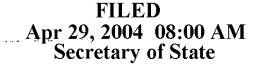
801 N CONGRESS AVE

#905 BOYNTON BEACH, FL 33426 Mailing Address

801 N CONGRESS AVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOYNTON BEACH, FL 33426





ODDEOG4 (40/00)

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04202004		NO CHY-F	CH2E034 (10/03)		
_	EEL Noorbor			Applied F	
٠.	FEI Number			Labbucat	

65-0614736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

5. Name and Address of Current Registered Agent

O'SULLIVAN, SHAWN M 801 N CONGRESS AVE #905

SIGNATURE: _

DO	NOT	WRITE
IN	THIS	SPACE

BOYNTON	NBEACH, FL 33426			11.4	I NIS SPACE
8. The above the obligat	named entity submits this statement for the patients of registered agent.	purpose of changing its registere	d office or re	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 title	If applicable, [NOTE, Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT O'SULLIVAN, SHAWN M 801 N CONGRESS AVE #905 BOYNTON BEACH, FL 33426				u00000140288 04/29/04-80155-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WIVOLIN, HEIDI 801 N. CONGRESS AVE. #905 BOYNTON BEACH, FL 33426				The second of th
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET AODRESS CITY-ST-ZIP			i e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corchanged,	certify that the information supplied with this f on this report or supplemental report is true reporation or the receiver or trustee empowere , or on an attachment with an address, with a	iling does not qualify for the exer and accurate and that my signat d to execute this report as requir illother like empowered.	nption stated ure shall hav ed by Chapt	in Section 119.07(3) e the same legal effec er 607, Florida Statute	(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or directores; and that my name appears in Block 10 or Block 11 if