


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90026 007 \*\*\*150.00

<b>DOCUMENT # P95000090529</b>	
<b>1. Entity Name</b> ABODE INVESTMENTS INC.	

<b>Principal Place of Business</b> 2100 W 76TH STREET 312 HIALEAH, FL 33016 US	<b>Mailing Address</b> 2100 W 76TH STREET 312 HIALEAH, FL 33016 US
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<b>2. Principal Place of Business - No P.O. Box #</b> 4868 CITRUS WAY Suite, Apt. #, etc.	<b>3. Mailing Address</b> 4868 CITRUS WAY Suite, Apt. #, etc.
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<b>City &amp; State</b> COOPER CITY FL.	<b>City &amp; State</b> COOPER CITY FL.
<b>Zip</b> 33330	<b>Zip</b> 33330
<b>Country</b> BROWARD	<b>Country</b> BROWARD

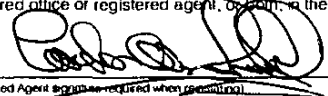
01142007 Chg-P CR2E034 (12/06)

<b>4. FEI Number</b> 65-0652306	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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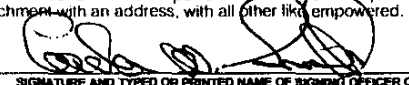
<b>6. Name and Address of Current Registered Agent</b> SMITH, GORDON W 2100 W 76TH STREET 312 HIALEAH, FL 33016
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 4868 CITRUS WAY City COOPER CITY FL Zip Code 33330
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<b>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.</b> SIGNATURE <u>Gordon W. Smith</u>  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> DTS	<input type="checkbox"/> Delete	<b>TITLE</b> SMITH, GORDON W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> SMITH, GORDON W		<b>NAME</b> 4868 CITRUS WAY	
<b>STREET ADDRESS</b> 2100 W 76TH ST 312		<b>STREET ADDRESS</b> COOPER CITY FL 33330	
<b>CITY-ST-ZIP</b> HIALEAH, FL 33016		<b>CITY-ST-ZIP</b> COOPER CITY FL 33330	
<b>TITLE</b> DP	<input type="checkbox"/> Delete	<b>TITLE</b> ROSE, WAYNE B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> ROSE, WAYNE B		<b>NAME</b> 11298 TAMI STREET	
<b>STREET ADDRESS</b> 2100 W 76TH ST 312		<b>STREET ADDRESS</b> PEMBROKE PINES FL 33026	
<b>CITY-ST-ZIP</b> HIALEAH, FL 33016		<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33026	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

<b>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.</b>
<b>SIGNATURE:</b>  <u>Director</u> <b>3/19/07</b> <b>305-558-0561</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #