

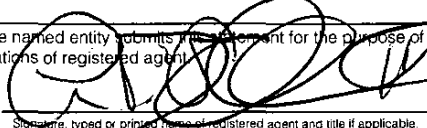
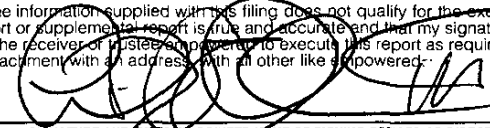


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90017 037 ***150.00

DOCUMENT # P95000091304 1. Entity Name 513 INVESTMENTS, INC.					
Principal Place of Business 513 U.S. HIGHWAY ONE SUITE 107 NORTH PALM BEACH, FL 33408 US			Mailing Address 513 U.S. HIGHWAY ONE SUITE 107 NORTH PALM BEACH, FL 33408 US		
2. Principal Place of Business 1957 BRANDYWINE Rd Suite, Apt. #, etc. 302 City & State WEST PALM BEACH, FL Zip 33409 Country USA		3. Mailing Address 1957 BRANDYWINE Rd Suite, Apt. #, etc. 302 City & State WEST PALM BEACH, FL Zip 33409 Country USA			
4. FEI Number 65-0636688				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent BLOCK & BRAND, P.A. 1044 NE 15TH AVENUE FORT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name PHIL O'CONNELL III Street Address (P.O. Box Number is Not Acceptable) 1957 BRANDYWINE Rd, Apt 302 City WEST PALM BEACH FL Zip Code 33409		
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. <input checked="" type="checkbox"/> SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BROWN, FTJR STREET ADDRESS 513 U.S. HIGHWAY ONE SUITE 107 CITY-ST-ZIP N PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete		TITLE D, AT NAME PHIL O'CONNELL, III STREET ADDRESS 1957 BRANDYWINE Rd, Apt 302 CITY-ST-ZIP WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 appointed 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 an other like empowered.					
SIGNATURE: 			2/5/06 (561) 832-5900 Date Daytime Phone #		