

## FILED Feb 08, 2006 08:00 AN Secretary of State

THE PART OF THE PA					ren vo, zuvu vo:vu r				
1. Entity Nar	IMENT # P950000941 THE INVESTMENTS, INC.		Secretary of State						
A.L. DEF	FNER INVESTMENTS, INC.								
Principal Plan	ce of Business	Mailing Address							
9096 ENGL	EWOOD CT.	1680 SW ST. LUCIE WEST BLV	D.	1					
	H, FL 32963 US	SUITE 204		-					
}		PORT ST. LUCIE, FL 34986		f (Whiteway til	E (graj attit hatti gelli voi	II <b>SEUS</b> 30011 <b>8166</b> 1 120 <b>8</b>	i lietwi lieriwwi ir swas		
					0 10101 93311 A0111 00111 901	))			
			:	01242006	No Chg-P	CR2E034 (1	1/05)		
DO NOT WRITE IN		IN THIS SPA	CE	4. FEI Numb			Applied For		
				65-063		<u> </u>	Not Applicable		
				5. Certificate	of Status Desired		5 Additional		
			<del></del>			Fee R	equired		
<del> </del>	6. Name and Address of Current Re	istered Agent	·== ;	- Carlotte	en en en en				
FOWLER.	, MICHAEL D ESQ			DO	NOT W				
	ST. LUCIE WEST BLVD.			DO	NOT W	KIIE			
SUITE 204				TKI 7	THIS SE	MACE			
PORT ST. LUCIE, FL 34986				114	по ог	ACE			
8. The above	e named entity submits this statement for th	e purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Fic	orida. I am familia	r with, and accept		
the obliga	tions of registered agent.								
SIGNATURE					_				
	Signature, typed or printed name of registered agent and t	ide if applicable (NOTE, Registere	d Agent signature require	d when reinstating)		DATE			
	-	9. Election Campaign Finar	ncina \$5	.00 May Be			, , -,,		
	LE NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.	_ ~	led to Fees					
10.	OFFICERS AND DIR	SCTORE							
TITLE	DPST DPST		eg se v	vocane 4	-14	•	+		
NAME	HEFFNER, JOSEPH H JR.			_					
STREET ADDRESS	1				*****	****			
CITY-ST-ZIP	CHESTERFIELD, MO 63005					•			
TITLE		<del></del>	1	•	tione	0425445			
NAME			(		02/19/09	-80036-01	6 150.00		
STREET ADDRESS			]		then the his	مانى سانىيەنىيەنىدە مانىياسىيەنىيەنىدە			
CITY+ST-ZIP	1		l						

DO NOT WRITE IN THIS SPACE

12. Thereby 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.

SIC	KI A	THE	_	

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAMEON SIGNING OFFICER OR DIRECTOR

2/6/06

772-234-2390

Date

Daytime Phone #