2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT						
DOCUMENT # P96000030362						
1. Entity Name L.D.B. INVESTMENTS, INC.		FILED				
			07 OCT 15 PM 12:			
Principal Place of Business Mailing Address 112 PAULS DR 112 PAULS DR BRNDON, FL 33511 US BRANDON, FL 33511 US			LLUMETANT OF STA TALLAHASSEE, FLO	ATË RIDA		
DO NOT WRITE IN THIS SPACE		0914 20 E	INSTATEMENT	(11/05)		
		4. FEI Number Applied For				
		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			re	a Required		
BAILEY, LARRY 112 PAULS DR			NOT WRITE			
BRANDON, FL 33511			IN THIS SPACE			
	:					
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						
SIGNATURE Sonature, topoe or pointed name of equitered agent and little applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Final		.00 May Be	In accordance with s. 607.19	23/2)/b) E C tho		
Due by September 14, 2007 Trust Fund Contribution.		ed to Fees	corporation did not receive t			
10. OFFICERS AND DIRECTORS IIILE P						
NAME BAILEY, LARRY STREET ADDRESS 112 PAULS DR						
CITY-ST-ZIP BRANDON, FL 33511	1 10/pc			1070207-1001-5019 Fisc. 00		
NAME STREET ADDRESS						
CITY-ST-ZIP						
NAME - STREET ADDRESS						
CITY-ST-ZIP	<u></u>		NOT WRITE			
TIFLE NAME		IN	THIS SPACE	,		
STREET ADDRESS CITY-ST-ZIP						
THILE NAME				` .		
STREET ADDRESS CITY-ST-ZIP		300110157963				
TITLE NAME	10/18/0701042005 **600.00		*600.00			
STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this report or supplemental report is true and accurate and that my signal filling the control of the expectation	sture shall have the	same legal effect	t 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.						
SIGNATURE:	. T-	26-0)~Z 813~61	61-4421		