
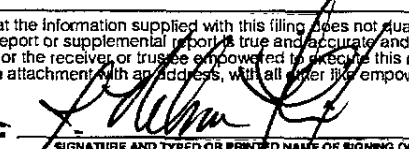


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # P97000016755</b> 1. Entity Name <b>REQUIEM INVESTMENTS, INC.</b>			
Principal Place of Business <b>2401 WEST BAY DRIVE SUITE 421 LARGO, FL 33770 US</b>		Mailing Address <b>2401 WEST BAY DRIVE SUITE 421 LARGO, FL 33770 US</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>PLATTE, DAVID E 603 INDIAN ROCKS RD CLEARWATER, FL 33756</b>		4. FEI Number <b>59-3429431</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
5. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PD	000000360387 05/05/05-80031-020 150.00	
NAME	JEWEL, GREGORY C		
STREET ADDRESS	2401 WEST BAY DRIVE SUITE 421		
CITY-ST-ZIP	LARGO, FL 33770		
TITLE	STD		
NAME	FLINT, JOHN NELSON		
STREET ADDRESS	2401 WEST BAY DRIVE		
CITY-ST-ZIP	LARGO, FL 33770		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 prepare 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>SIGNATURE:</b> 		SEC-TREA. <b>J. NELSON FLINT</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/27/05</b> Daytime Phone # <b>727-581-2700</b>	