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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000019939 (2)

DESIRED INVESTMENTS, INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2953 FOREST CIRCLE 2953 FOREST CIRCLE SEFFNER FL 33584 SEFFNER FL 33584 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1997 Mailing Address 2. Principal Place of Business Applied For 593432888 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes **⊠** No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GIDEONS, WAYNE 2953 FOREST CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) SEFFNER FL 33584 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE CR2E034 NAME **GIDEONS, WAYNE** 1.2 NAME 2953 FOREST CIRCLE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP SEFFNER FL 33584 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE GIDEONS, GWEN 2.2 NAME 2953 FOREST CIRCLE STREET ADDRESS 2.3 STREET ADDRESS SEFFNER FL 33584 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-7iP DELETE Change Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2IP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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