


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90090 024 ***150.00

DOCUMENT # P97000027352	
1. Entity Name TREK INVESTMENTS, INC.	

Principal Place of Business 3471 N. FEDERAL HIGHWAY SUITE 300 FT LAUDERDALE FL 33306	Mailing Address 3471 N. FEDERAL HIGHWAY SUITE 300 FT LAUDERDALE FL 33306
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2. Principal Place of Business - No P.O. Box # 28425 TASCA DR.	3. Mailing Address 28425 TASCA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bonita Springs, FL	City & State Bonita Springs, FL
Zip 34135	Zip 34135
Country USA	Country USA

6. Name and Address of Current Registered Agent DEGANCE, JOSEPH 3471 N. FEDERAL HIGHWAY SUITE 601 FT LAUDERDALE FL 33306	7. Name and Address of New Registered Agent Name ANDRE THEORET Street Address (P.O. Box Number is Not Acceptable) 28425 TASCA DR. City Bonita Springs FL Zip Code 34135
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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 ANDRE THEORET D.P. 27 JAN 07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP THEORET, ANDRE 28425 TASCA DR BONITA SPRINGS FL 34135 <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	VP BRENNER, KATHERINE 28425 TSSCA DR BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: ANDRE THEORET 239-475-4548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 27 JAN 07 Phone #