


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000055550</b> 1. Entity Name <b>FRUITFUL INVESTMENTS, INC.</b>		
Principal Place of Business 8100 PARK BLVD B-14 PINELLAS PARK, FL 33781		Mailing Address PO BOX 10007 LARGO, FL 33773
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  REED, JOHN W 8100 PARK BLVD B14 PINELLAS PARK, FL 33781		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	REED, JOHN W	
STREET ADDRESS	8100 PARK BLVD B14	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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 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.		
SIGNATURE: <u>John W Reed</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/28/06</u> <u>727.544-6085</u> <small>Date Daytime Phone #</small>



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3456787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000558290  
05/17/06-80089-006 150.00

**DO NOT WRITE  
IN THIS SPACE**