


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90151 040 ***150.00

DOCUMENT # P97000058926 1. Entity Name BULL INVESTMENTS, INC.	
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Principal Place of Business 9559 HARDING AVENUE SURFSIDE, FL 33154 US	Mailing Address 9559 HARDING AVENUE SURFSIDE, FL 33154 US
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2. Principal Place of Business 1784 West Avenue Suite, Apt. #, etc. Suite Bay 4 City & State Miami Beach, FL Zip 33139 Country USA	3. Mailing Address 1784 West Avenue Suite, Apt. #, etc. Suite Bay 4 City & State Miami Beach, FL Zip 33139 Country USA
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01142005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PATRICK, VIVIES 700 E DANIA BEACH BLVD STE 202 DANIA, FL 33504	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 65-0765327	Applied For <input type="checkbox"/> Not Applicable
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	DP LATOUR, DANIEL	<input type="checkbox"/> Delete		TITLE	DP Latour, Daniel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9559 HARDING AVENUE			NAME	1784 West Avenue, Ste Bay 4		
STREET ADDRESS	SURFSIDE, FL 33154			STREET ADDRESS	Miami Beach, FL 33139		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 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: *Daniel Latour* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____