## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

**FILED** Jan 27, 2006 08:00 AN **Secretary of State** 

	DOCL	IN	AEN	T	H	Pas	ใก	UL	ì	n	<b>07</b>	110	5
B	}	311	/I — I	u I	-	I71	31 /	<b>.</b>	ıu	13	u		

1. Entity Name

F & S INVESTMENTS, INC.



Principal Place of Business

1009 GRAND COURT HIGHLAND BEACH, FL 33487 Mailing Address

C.O BENTMAN & GELLER, CPA'S 4400 W. SAMPLE RD #236 COCONUT CREEK, FL 33703



OCHOL WINLE HE HIS SEME	NRITE IN THIS SPAC	THIS	IN	ITE	VR	٦ ١	NOT	DO
-------------------------	--------------------	------	----	-----	----	-----	-----	----

CR2E034 (11/05) 01112006 No Chg-P

4. FEI Number 65-0801958

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

GELLER, HOWARD MANO IN CAMPIE DO #226

## DO NOT WRITE

	CREEK, FL 33073	-	IN THIS SPACE				
the obligat	named entity submits this statement for the pions of registered agent.	purpose of changing its registered office	or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept			
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registered Agent sign	d Agent signature required when reinstating) DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	000000405280 02/07/06-80035-007 150.00			
10.	OFFICERS AND DIREC	OTORS	. =				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D ARNOLD, FRANK 1009 GRAND COURT HIGHLAND BEACH, FL 33487						
TITLE NAME STREET AODRESS CITY-SI-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE			
TITLE NAME			ĪN	THIS SPACE			

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 attact phent with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP

> llyance SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #