


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90012 011 ***150.00

DOCUMENT # P98000057120

1. Entity Name
E.U. INVESTMENTS, INC.



Principal Place of Business Mailing Address

11380 PROSPERITY FARMS ROAD 11380 PROSPERITY FARMS ROAD
 SUITE 217 SUITE 217
 PALM BEACH, FL 33410 PALM BEACH, FL 33410

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

11380 PROSP. FARMS RD. *11380 PROSP. FARMS RD.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
215 *215*

City & State City & State

PALM BEACH GARDENS FL *PALM BEACH GARDENS, FL*
 Zip Country Zip Country
33410 *USA* *33410* *USA*



02222007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

HELGESEN, ANDREW
 11380 PROSPERITY FARMS ROAD
 SUITE 217
 PALM BEACH, FL 33410

4. FEI Number Applied For

65-0844325 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SPORRER, ALFRED	
STREET ADDRESS	11380 PROSP FARMS RD, # 110A	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Dieter A. Thiemann* AUTHORIZED REPRESENTATIVE *2/22/07* Date *(561) 694-1200* Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIETER A. THIEMANN, CPA**