

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000006457			
1. Entity Name DROUVEN INVESTMENTS, INC.			
Principal Place of Business 1990 MAIN ST STE 801 SARASOTA, FL 34236 US		Mailing Address 1990 MAIN ST STE 801 SARASOTA, FL 34236 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3553815		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUMBAUGH, JOHN D ESQ. 1900 RINGLING BLVD. SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name: GLENDINNING, RENE M CPA Street Address (P.O. Box Number is Not Acceptable): 1990 MAIN STREET SUITE 801 City: SARASOTA FL Zip Code: 34236	
8. The above named entry 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: <i>Renée M. Glendinning</i> DATE: 11/17/07			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DROUVEN, KARL-HEINZ 5608 GULF DRIVE N #110 HOLMES BEACH, FL 34217 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DROUVEN, CHRISTIANE 5608 GULF DRIVE N #110 HOLMES BEACH, FL 34217 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Apr 01 - 07 Corporate Phone #	