2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000015590

1. Entity Name
INNOVATIVE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
31 NOBERTA WAY JACKSONVILLE BEACH, FL 32250	31 NOBERTA WAY JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE

04232008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3558646	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOE, WILLIAM G JR
599 ATLANTIC BOULEVARD
SUITE 6
ATLANTIC BEACH, FL 32233

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS	

TITLE	DPST	
NAME	GEITZ, GARY	
STREET ADDRESS	31 NOBERTA WAY	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000093889B
05/28/08-80005-014 150.00

DO NOT WRITE IN 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 attachment with an address, with all other like empowered.

SIGNATURE: _____ Gary W. Geitz   4/23/08   904-246-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #