2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # P99000070601 1. Entity Name PROFILE INVESTMENTS, INC. Principal Place of Business Mailing Address 2409 N DIXIE HIGHWAY 2409 N DIXIE HIGHWAY WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 04132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0940163 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FILDISI, AHMET C DO NOT WRITE 2409 N. DIXIE HWY WEST PALM BEACH, FL 33407 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 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PTSD TITLE FILDISI, AHMET C NAME STREET ADDRESS 2409 N DIXIE HIGHWAY CITY-ST-ZIP WEST PALM BEACH, FL 33407 nns U00000518467 05/02/06-80012-014 150.00 NAME URALLI, EMRE STREET ADDRESS 2409 N DIXIE HIGHWAY CITY-ST-ZIP WEST PALM BEACH, FL 33407 NAME STREET ADDRESS DO NOT WRITE CHY-SI-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MARAE STREET ADDRESS City-ST-7ip TITLE

12. Thereby certify that the information adoptive with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier prior 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 frestee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withy address, with all other like empowered.

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NAME STREET ADDRESS CHTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #