## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P99000071206



FILED May 16, 2006 8:00 am Secretary of State

04-24-2006 90393 033 \*\*\*\*50.00 05-16-2006 90018 020 \*\*\*100 00

1. Entity Narr ADDIEWI	e ELL INVE	ESTMENTS, INC.						05 10 20	,00,000	.0 020	100.00	
Principal Place of Business 450 NE 20TH STREET, STE 109 BOCA RATON, FL 33431			450 NE	Mailing Address 450 NE 20TH STREET, STE 109 BOCA RATON, FL 33431			40	40092381				
Principal Place of Business     3. Mailing Address					<del>, ,</del>							
Suite, Apt. #, etc.			Suite.	Suite, Apt. #, etc.			04142006	Chg-P	CR2E0	34 (11/05)		
City & State			City &	City & State			4. FEI Numb				pplied For ot Applicable	
Zip			Zlp			try	5. Certificate	of Status Desired		\$8.75 Ad Fee Require	ditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
ADDIE, ROBERT L					Name							
450 NE 20TH STREET, STE 109 BOCA RATON, FL 33431					Street Address (P.O. Box Number is Not Acceptable)							
						City			FL	Zip Cod	ie :	
The above named entity submits this statement for the purpose of changing its registere						ed office or regis	stered agent, or bo	th, in the State of Fic	–	amiliar with	, and accept	
_	the obligations of registered agent.											
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Apent signature required when ministrating)  DATE												
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12. I hereby certify that the information supplied 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 supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

4/20/06 56/866353 SIGNATURE: Resoles +
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR