2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P9900098003 1. Entity Name FIRSTCAP INVESTMENTS, INC.				Filed Feb 09, 2005 08:00 AM Secretary of State
Principal Place of Business Mailing Address			·	-
120 E COLONIAL DR. ORLANDO FL 32801 120 E COLONIAL DR. ORLANDO FL 32801				T (BECHTON) IIN INIIN INIIN NOME BECH BONG DECH ONNIN INIIN INIIN BONG BONG CHINON II WAN
2. Principal Place of Business_		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 59-3607866 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
MITCHELL, CHARLES J JR. 120 E COLONIAL DR.				s (P.O. Box Number is Not Acceptable)
ORLANDO FL 32801			<u> </u>	
			City	FL Zip Code
8. The above named entity admits his statement for the purpose of thanging 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 reinelating). DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, DAVID R 15227 THOROUGHBRED LANE MONTVERDE FL 34756	□ Delete ´	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition U00000221992 02/09/05-80053-019 150.00
TITLE NAME STREET ADDRESS CITY: ST-ZIP	D MITCHELL, CHARLES J JR. 165 SPRING CHASE CIRCLE ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STRFET ADDRESS CITY-ST-ZIP		□ Delete	THTLE NAME STPEET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 by tusted 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 allyother like appowered.				

THE TABLE

Daytime Phone #