2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S67814

1. Entity Name FISCHER INVESTMENTS, INC.

Principal Place of Business

2328 10TH AVENUE NORTH

SUITE 401 LAKE WORTH, FL 33461 Malling Address

2328 10TH AVENUE NORTH

SUITE 401

LAKE WORTH, FL 33461

FILED Apr 07, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03282006 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0277908 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN, CHARLES 2328 10TH AVENUE NORTH SUITE 401 LAKE WORTH, FL 33461

LAKE WORTH, FL 33461

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its regi	stered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_		_			· · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of reg/stared agent and title i	applicable (NOTE: Reg	ISTERED Agent signatur	required when reinstating)	QATE
FIL After Ma	E NOWIN FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign F Trust Fund Contribut 		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD UDWIN, DENNIS 2328 10TH AVENUE NORTH, SUITE 401 LAKE WORTH, FL 33461				
TITLE NAME STREET ADDRESS	VSD STEIN, CHARLES 2328 10TH AVENUE NORTH, SUITE 4	101			U00000496527 04/22/06 80014-024 150.00

DO NOT WRITE

Date

TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE 7373.5 NAME STREET ADDRESS CITY-ST-ZIP TITLE

CITY-ST-IP is contained in Chapter 118, Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am an officer or director Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing floes not dindicated on this report or supplience that sport is true and accurate of the corporation or the receiver criticals empowered to execute his changed, or on an attachment

SIGNATURE:

CITY-ST-2IP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NA

Osviima Phone #