## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 09, 2007 08:00 AN Secretary of State

DOCUMENT # V66602  1. Entity Name SCHEEL INVESTMENTS, INC.			Secretary of Stat
Principal Place of Business Mailing Address  114 SE FIRST ST 114 SE FIRST ST STE 9  GAINESVILLE, FL 32601 GAINESVILLE, FL 3	32601		
DO NOT WRITE IN THIS SPACE		01082007 No Cl 4. FEI Number 59-3148829 5. Certificate of Status E	ng-P CR2E034 (11/05)  Applied For Not Applicable
6. Name and Address of Current Registered Agent  FISHMAN, ALAN 114 SE FIRST ST STE 9 GAINESVILLE, FL 32601		DO NOT WRITE IN THIS SPACE	
The above named entity submits this statement for the purpose of changing the obligations of registered agent.  SIGNATURE	g its registered office or register	ed agent, or both, in the St	
FILE NOW!!! FEE IS \$150.00 9. Election Can	(NOTE, Registered Agent signature required mpaign Financing \$5. Contribution. Add	.00 May Be ed to Fees	DATE
10. OFFICERS AND DIRECTORS _ TITLE D STREET ADDRESS   114 SE FIRST ST #9 CITY-ST-ZIP GAINESVILLE, FL STREET ADDRESS   115 STREET ADDRESS   116 STREET ADDRESS   117 STREET ADDRES		ln 01/10	1000058U085 1/07-80033-012 150.00
CITY-ST-ZIP  TITLE  MANGE STREET ADDRESS CITY-ST-ZIP  TITLE  MANGE STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP			T WRITE S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			
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 the receiver of supplierental 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 of the receiver of trusted 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 a paddeess, with all prior line empowered.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR  Dayline Phone #			