


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90052 046 \*\*\*150.00

DOCUMENT # P00000075831

1. Entity Name  
 GARAK INVESTMENTS, INC.



Principal Place of Business      Mailing Address

2916 COUNTRY CLUB DRIVE      2916 COUNTRY CLUB DRIVE  
 LYNN HAVEN, FL 32444      LYNN HAVEN, FL 32444



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

1006 KIMBERLY LANE      1006 KIMBERLY LANE  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 LYNN HAVEN      LYNN HAVEN

02122007      Chg-P      CR2E034 (12/06)

City & State      City & State

FLORIDA      FLORIDA

4. FEI Number      Applied For

59-3664102      Not Applicable

Zip      Country      Zip      Country

32444           32444          

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BABER, GEORGE L JR.  
 2916 COUNTRY CLUB DRIVE  
 LYNN HAVEN, FL 32444

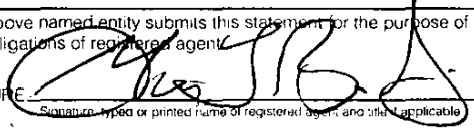
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

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:       DATE: 2/12/07

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABER, GEORGE L JR.	NAME	
STREET ADDRESS	2916 COUNTRY CLUB	STREET ADDRESS	1006 KIMBERLY LANE
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BABER, KAREN R	NAME	
STREET ADDRESS	2916 COUNTRY CLUB	STREET ADDRESS	1006 KIMBERLY LANE
CITY-ST-ZIP	LYNN HAVEN, FL 32444	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		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 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 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.

SIGNATURE:       DATE: 2/12/07      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR