2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 507252

FILED Jun 06, 2009 Secretary of State

Entity Name: AMERICAN CONTINENTAL INVESTMENT CORPORATION

EER ROAD FL 32462 US iiling Address: 38 EN, FL 32444 US 59-1687932 FEI Number Applied Fo	New Mailing Address:	
38 EN, FL 32444 US	New Mailing Address:	
EN, FL 32444 US		
59-1687932 FEI Number Applied Fo		
• • • • • • • • • • • • • • • • • • • •	or () FEI Number Not Applicable () Certificate of Status Desired	d ()
Address of Current Registered A	gent: Name and Address of New Registered Agent:	
	t for the purpose of changing its registered office or registered agent,	or both,
E:		
Electronic Signature of Registe	ered Agent Date	
	·	
		PECTORS:
PTD () Delete MOORE, ARVIN C 3189 PIONEER ROAD VERNON, FL 32462	Title: () Change () Addition Name: Address: City-St-Zip:	LEGIORO.
VPD () Delete MOORE, ALAN H 915 DELAWARE AVE. LYNN HAVEN, FL 32444	Title: () Change () Addition Name: Address: City-St-Zip:	
SD () Delete MOORE, SUZANNE 1701 OHIO AVE. LYNN HAVEN, FL 32444	Title: () Change () Addition Name: Address: City-St-Zip:	
	ramed entity submits this statement of Florida. E: Electronic Signature of Regist e with s. 607.193(2)(b), F.S., the corporat paign Financing Trust Fund Contribution AND DIRECTORS: PTD () Delete MOORE, ARVIN C 3189 PIONEER ROAD VERNON, FL 32462 VPD () Delete MOORE, ALAN H 915 DELAWARE AVE. LYNN HAVEN, FL 32444 SD () Delete MOORE, SUZANNE 1701 OHIO AVE.	The statement for the purpose of changing its registered office or registered agent, of Florida. E: Electronic Signature of Registered Agent E with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Paign Financing Trust Fund Contribution (). AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTD () Delete Title: () Change () Addition MOORE, ARVIN C 3189 PIONEER ROAD VERNON, FL 32462 VERNON, FL 32462 VERNON, FL 32462 VPD () Delete MOORE, ALAN H 915 DELAWARE AVE. LYNN HAVEN, FL 32444 City-St-Zip: SD () Delete Title: () Change () Addition MOORE, SUZANNE Name: 1701 OHIO AVE. Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARVIN C. MOORE PTD 06/06/2009