2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 579711

City-St-Zip:

Entity Name: LONGEVAL INVESTMENTS, INC

FILED Apr 21, 2009 Secretary of State

•			,				
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
4001 TAMI	AMI TRAIL N	NORTH					
SUITE 250		шо					
NAPLES, F	-L 34103	US					
Current M	ailing Addr	ess:		New Mailii	ng Address	:	
	AMI TR. N. 2	CK & KING, PA 250 US					
FEI Number:	59-1837697	FEI Number Appl	ied For()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
C/O BONE 4001 TAMI	N, F. JOSEF SCHOENE AMI TR. N. # FL 34103 U	CK & KING, PA #250					
The above in the State	named entit of Florida.	y submits this state	ment for the pu	rpose of changing it	s registered	office or registered agent, or both,	
SIGNATUR	RE:						
		onic Signature of Re	egistered Ager	t		Date	
Election Car	npaign Financ	ing Trust Fund Contrib	oution ().				
OFFICERS	S AND DIRE	CTORS:		ADDITION	S/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MCMACKIN,	() Delete ELIZABETH S II TRAIL NORTH, SUITE 34103	≣ 250	Title: Name: Address: City-St-Zip:	,	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCMACKIN,	() Delete F. JOSEPH III ИI TRAIL NORTH, SUITE 34103	≣ 250	Title: Name: Address: City-St-Zip:	ı	() Change () Addition	
Title: Name: Address:		() Delete		Title: Name: Address:	MCMACKIN,	() Change (X) Addition F. JOSEPH III //I TRAIL NORTH. SUITE 250	

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.

City-St-Zip:

NAPLES, FL 34103

SIGNATURE: F. JOSEPH MCMACKIN III PD 04/21/2009