2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 610100

Entity Name: COMHOLD INVESTMENTS INCORPORATED

Current Principal Place of Business:

184 CARIBBEAN ROAD
NAPLES, FL 34108

New Principal Place of Business:

184 CARIBBEAN ROAD
NAPLES, FL 34108 US

Current Mailing Address:

P.O. BOX 9047
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-1940510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAUL M BURCH
184 CARIBBEAN ROAD
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

BURCH, PAUL M
184 CARIBBEAN ROAD
NAPLES, FL 34108 US

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.

SIGNATURE: PAUL M. BURCH 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BURCH, PAUL M.
Address: 184 CARIBBEAN RD
City-St-Zip: NAPLES, FL

Title: VD ( ) Delete
Name: BURCH, MASON
Address: 184 CARIBBEAN RD
City-St-Zip: NAPLES, FL

Title: DST (X) Delete
Name: BURCH, AGNES
Address: 184 CARIBBEAN RD
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BURCH, PAUL M
Address: 184 CARIBBEAN RD
City-St-Zip: NAPLES, FL 34108 US

Title: DST (X) Change ( ) Addition
Name: BURCH, AGNES
Address: 184 CARIBBEAN RD
City-St-Zip: NAPLES, FL 34108 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAUL M. BURCH PD 04/16/2009
Electronic Signature of Signing Officer or Director Date