2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 08:00 Al Secretary of State

DOCUMENT # 6 1. Entity Name SUMMIT INVESTMEN									
Principal Place of Business 107 N E 10TH STREET DELRAY BEACH, FL 33444	US	Mailing Address 107 N E 10TH STREET DELRAY BEACH, FL 33444	US						

59-1918758 No. Apply 5. Certificate of Status Desired S. S. Certificate of Status Desired S. Certificate of Status Desired D. S. Certificate of Status Desired S. Certificate of Status Desired D. S. Certificate of Status D. S. Certifi						!			
DO NOT WRITE IN THIS SPACE 4. FEI Number Sp-1918/758 No. Chg-P CR2E034 (11/05)	107 N E 101	TH STREET		107 N E 10TH STREET	US	 	r il eə i c iilə c iili se rəb xii	. Alexi bizik bibik alexi bi	8 71 82011824 17 2001
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent. SIGNATURE Summer, bond or portion name of registered agent and file if applicable. (NDTE Registered Agent squared sequence sequence determined in the State of Florida. I am familiar with, and ac the obligations of registered agent. DATE FILE NOW!!! FEE IS \$150.00	6. Name and Address of Current Registered Agent SCOTT, PETER B				CE	02292008 4. FEI Numbe 59-1918 5. Certificate	No Chg-P er 8758 of Status Desired	CR2E034 (11/	Applied For Not Applicable Additional
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. U00000899238 107 N E 107H STREET DELRAY BEACH, FL 117HE NAME SINEET ADDRESS DITY-ST-2P UITILE MAKE SINEET ADDRESS SINEET ADRESS SINEET ADRESS SINEET ADRESS SINEET ADRESS SINEET ADRESS SIN	8. The above	named entity subr	mits this statement for the	e purpose of changing its register	red office or re				with, and accept
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 10. OF	SIGNATURE	Signature, typed or printe	ad name of registered agent and t	tile if applicable . (NOTE Registers	ed Agent signature i	equired when reinstating)		DATE	<u>. </u>
TITLE MANNE MANNE MANNE STREET ADDRESS STREET ADDRE	FIL After M	E NOW!!! FEE ay 1, 2008 Fe	: IS \$150.00 e will be \$550.00			\$5.00 May Be Added to Fees			,
IN THIS SPACE STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	SCOTT, PETEI 107 N E 10TH DELRAY BEAC SVD SCOTT, SUSA 107 N E 10TH	R B STREET CH, FL IN A. STREET	IECTORS	-	, DO	04/28/0	18-80031-0 ,	07 150.00
TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS								
12. I have by cartify that the information complied with this filling does not small for the	TITLE NAME Street address City-St-ZIP						P		·

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 use 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 export as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the proposition of the receiver of the proposition of the proposition of the proposition of the receiver of the proposition of the receiver of the proposition of the proposition of the receiver of the proposition of the propositio

SIGNATURE:

ELECTOR SECOLL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

04.17.08

561.272.0417

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