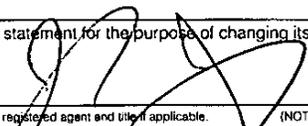
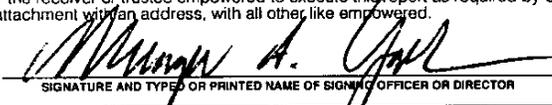


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000004884 <small>1. Entity Name</small> RESERVE INVESTMENT COMPANY, INC. OF CALIFORNIA					
<small>Principal Place of Business</small> 79330 SIENA DR. BERMUDA DUNES, CA 92203		<small>Mailing Address</small> 79330 SIENA DR. BERMUDA DUNES, CA 92203			
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.		<small>3. Mailing Address</small> Suite, Apt. #, etc.			
<small>City & State</small>		<small>4. FEI Number</small> 59-3784199			
<small>Zip</small>		<small>Country</small>		<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required	
<small>6. Name and Address of Current Registered Agent</small> ICARDI, JEFFREY A 549 WYMORE ROAD NORTH, STE. 109 MAITLAND, FL 32751			<small>7. Name and Address of New Registered Agent</small> Name Icardi, Jeffrey A. Street Address (P.O. Box Number is Not Acceptable) 2190 W. State Road 434, Ste. 6190 City Longwood FL Zip Code 32779		
<small>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.</small> SIGNATURE:  DATE: 4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees			
<small>10. OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>DPT</small> YORK, MERVYN A 79330 SIENA DR. BERMUDA DUNES, CA 92203	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>DVP</small> SOLNIT, JULIE YORK 10416 WINDTREE DR. LOS ANGELES, CA 90077	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<small>S</small> BLOCK, JOSEPH 10390 SANTA MONICA BLVD. LOS ANGELES, CA 90025	<input type="checkbox"/> Delete	200054750492 05/18/05--01062--008 **676.25		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</small>					
SIGNATURE: 			Date: 4/19/05		Daytime Phone #: (760) 360-8915
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

05 APR 25 PM 12:06
 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED



04182005 Chg-P CR2E034 (10/03) 05

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