

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000004884**  
 1. Entity Name  
**RESERVE INVESTMENT COMPANY, INC. OF CALIFORNIA**



Principal Place of Business      Mailing Address  
**79330 SIENA DR.**                      **79330 SIENA DR.**  
**BERMUDA DUNES, CA 92203**      **BERMUDA DUNES, CA 92203**

**DO NOT WRITE IN THIS SPACE**



01312006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3784199</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ICARDI, JEFFREY A**  
**2180 W. STATE ROAD 434**  
**SUITE 6190**  
**LONGWOOD, FL 32779**

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

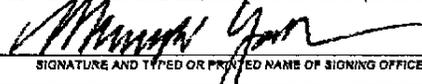
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT YORK, MERVYN A 79330 SIENA DR. BERMUDA DUNES, CA 92203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SOLNIT, JULIE YORK 10416 WINDTREE DR. LOS ANGELES, CA 90077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOCK, JOSEPH 10390 SANTA MONICA BLVD. LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000436702  
 02/28/06-80013-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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.

SIGNATURE:       2/9/06      (760) 360-8915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #