

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000974

Entity Name: CAPITOL WEALTH, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

200 N WASHINGTON SQUARE
LANSING, MI 48933

New Principal Place of Business:

Current Mailing Address:

200 N WASHINGTON SQUARE
LANSING, MI 48933

New Mailing Address:

FEI Number: 38-2963557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, MARK
1520 ROYAL PALM SQUARE BLVD
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: HOGAN, ROBERT R
Address: 9300 HARRIS CORNERS
City-St-Zip: CHARLOTTE, NC 28269

Title: CCEO () Delete
Name: REID, JOSEPH D
Address: 200 N WASHINGTON SQUARE
City-St-Zip: LANSING, MI 48933

Title: D () Delete
Name: REID, JOSEPH
Address: 200 N WASHINGTON SQUARE
City-St-Zip: LANSING, MI 48933

Title: D () Delete
Name: REID, PATRICK
Address: 120 N WASHINGTON SQUARE
City-St-Zip: LANSING, MI 48933

Title: D () Delete
Name: MORAN, MICHAEL M
Address: 200 N WASHINGTON SQUARE
City-St-Zip: LANSING, MI 48933

Title: D () Delete
Name: CRAWFORD, JAMES
Address: 2777 EAST CAMELBACK RD, SUITE 375
City-St-Zip: PHOENIX, AZ 85016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: BUTLER, JAY
Address: 9300 HARRIS CORNERS PKWY SUITE 210
City-St-Zip: CHARLOTTE, NC 28269

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: ROBERT HOGAN

PCEO

04/29/2008

Electronic Signature of Signing Officer or Director

Date