


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # H16340 1. Entity Name GBI INVESTORS, INC.	
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Principal Place of Business 11780 U.S. HWY. #1, SUITE 500 N.PALM BCH., FL 33408	Mailing Address 11780 U.S. HWY. #1, SUITE 500 N.PALM BCH., FL 33408
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DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2439293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAILE, SHAW & PFAFFENBERGER, P.A.
660 U.S. HIGHWAY ONE
3RD FLOOR
N PALM BEACH, FL 33408**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCBP NICKLAUS, JACK W. 11780 US HIGHWAY ONE, # 500 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NICKLAUS, JACK II 11780 US HIGHWAY ONE, # 500 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVT NICKLAUS, STEVEN C 11780 US HIGHWAY ONE #500 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP NICKLAUS, JACK W II 11780 US HGHWAY ONE STE #500 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICKLAUS, JACK W II 11780 US HIGHWAY ONE, #400 NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICKLAUS, STEVEN C 11780 US HWY ONE STE #500 NORTH PALM BEACH, FL 33408

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IN THIS SPACE**

U000000S19090
05/13/08-80104-023 150.00

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 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:  **3/20/08** **501.227.0320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #