

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

01-11-2008 90066 006 ***150.00

DOCUMENT # J86266	
1. Entity Name DENMARK INVESTMENT TRUST, INC.	

Principal Place of Business 4130 TAMiami TRAIL, SUITE 100 PORT CHARLOTTE, FL 33952	Mailing Address 4130 TAMiami TRAIL, SUITE 100 PORT CHARLOTTE, FL 33952
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2841052	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSENFELD, LOUIS D. 258 TAIT TERR. 4130 TAMiami TRAIL PORT CHARLOTTE, FL 33952		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	

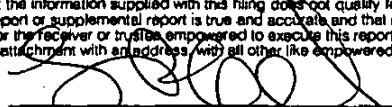
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME ROSENFELD, LOUIS		NAME	
STREET ADDRESS 258 TAIT TERR.		STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	
TITLE VS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME BLATZ, PAUL		NAME	
STREET ADDRESS 405 STUART COURT		STREET ADDRESS	
CITY-ST-ZIP OJAI, CA 93023		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **2/25/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #