


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

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| DOCUMENT # K45946 1. Entity Name FLP INVESTMENT CORP. |  |
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| Principal Place of Business C/O JE HERON, PRES P.O. BOX 2973 PALM BEACH, FL 33480 | Mailing Address C/O JE HERON, PRES P.O. BOX 2973 PALM BEACH, FL 33480 |
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04242008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0084177 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HERON, JEAN E. 232 AUSTRALIAN AVE PALM BEACH, FL 33480 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSVT HERON, JEAN E. 232 AUSTRALIAN AVE PALM BCH., FL |
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06/03/08-80057-010 150.00

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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 attached memorandum or address with all other persons employed.

SIGNATURE: *By the General Partner FLP Investment Corp JE Heron as President* 4-28-08 561-659-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #