2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80088

Entity Name: GILBERT INVESTMENT CORPORATION

FILED Feb 03, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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3708 MUIRFIELD DR. 2606 CENTENNIAL PLACE TITUSVILLE, FL 32780 TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

3708 MUIRFIELD DR. 2606 CENTENNIAL PLACE TITUSVILLE, FL 32780 TALLAHASSEE, FL 32308

FEI Number: 59-2887930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GILBERT, MATTHEW H.

2606 CENNTENNIAL PLACE
TALLAHASSEE, FL 32305 US

GILBERT, M H

2606 CENNTENNIAL PLACE
TALLAHASSEE, FL 32305 US

TALLAHASSEE, FL 32305 US

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: M H GILBERT 02/03/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS () Delete Title: S (X) Change () Addition

Name: GILBERT, MATTHEW H.,
Address: PO BOX 13796 Name: GILBERT, M H,
Address: PO BOX 13796

City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32317 US

 Name:
 GILBERT, DOROTHY J.,
 Name:
 GILBERT, DOROTHY J.,

 Address:
 3708 MUIRFILED DRIVE
 Address:
 161 PATALE DRIVE

 City-St-Zip:
 TITUSVILLE, FL
 City-St-Zip:
 TALLAHASSEE, FL
 32317 US

itle: VP () Delete Title: () Change () Additio

Title: VP () Delete Title: () Change () Addition Name: ADAMS, MARY GILBERT Name:

 Name:
 ADAMS, MARY GILBERT
 Name:

 Address:
 3206 HOPKINS AVE #206
 Address:

 City-St-Zip:
 TITUSVILLE, FL 32780
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

Name: GILBERT, MICHAEL H.,
Address: 915 WAIKIK DR Address: 915 WAIKIK DR
City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953

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: M H GILBERT S 02/03/2008