

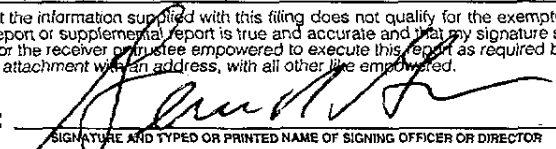


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

| | | |
|--|---|--|
| DOCUMENT # P00000007415 | |  |
| 1. Entity Name COLONIAL INVESTMENT PARTNERS, INC. | | |
| Principal Place of Business 8603 SOUTH DIXIE HIGHWAY SUITE 208 MIAMI, FL 33143 | Mailing Address 8603 SOUTH DIXIE HIGHWAY SUITE 208 MIAMI, FL 33143 | |
| DO NOT WRITE IN THIS SPACE | | |
| | |  01102006 No Chg-P CR2E034 (11/05) |
| | | 4. FEI Number 65-0984142 Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| GENARO, GARCIA 8603 S. DIXIE HWY #208 MIAMI, FL 33143 | | DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | U00000387206 01/19/06-80029-016 150.00 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARCIA, MARGARITA 8603 SOUTH DIXIE HIGHWAY SUITE 208 MIAMI, FL 33143 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARCIA, GENARO R 8603 SOUTH DIXIE HIGHWAY SUITE 208 MIAMI, FL 33143 | |
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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 attachment with an address, with all other like empowered. | | |
| SIGNATURE:  | | 1-12-06 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # |