

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                  |                                                                                                                                                              |                                                |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P00000029219</b><br>1. Entity Name<br>2501 INVESTMENTS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |                                                                                  |                                                                                                                                                              |                                                |                                                                   |
| Principal Place of Business<br>121 ALHAMBRA PLAZA<br>10TH FL<br>MIAMI, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                  | Mailing Address<br>121 ALHAMBRA PLAZA<br>10TH FL<br>MIAMI, FL 33134                                                                                          |                                                |                                                                   |
| 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                                                                                                                                                      | 4. FEI Number<br><b>65-0992664</b>             |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         |                                                                                  |                                                                                                                                                              | <b>\$8.75</b> Additional Fee Required          |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br>CAHAN, RICHARD J A ESQ<br>C/O BECKER & POLIAKOFF P A<br>121 ALHAMBRA 10TH FL<br>MIAMI, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |                                                                                  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                         |                                                                                  |                                                                                                                                                              |                                                |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                              | <b>\$5.00</b> May Be Added to Fees             |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                 |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PSD<br>MORRIS, BRIAN HAMILTON<br>2780 EAST OAKLAND PARK BLVD.<br>FT LAUDERDALE FL 33306 | <input type="checkbox"/> Delete                                                  |                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Charter Place, 23-27 Seaton Place<br>St. Helier, Jersey JE1 1JY   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>KEARSEY, RICHARD M<br>2780 EAST OAKLAND PARK BLVD.<br>FT LAUDERDALE FL 33306     | <input type="checkbox"/> Delete                                                  |                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Charter Place, 23-27 Seaton Place<br>St. Helier, Jersey JE1 1JY   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>IRESON, GRAHAM PAUL<br>2780 EAST OAKLAND PARK BLVD.<br>FT LAUDERDALE FL 33306    | <input type="checkbox"/> Delete                                                  |                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Charter Place, 23-27 Seaton Place<br>St. Helier, Jersey JE1 1JY   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                         | <input type="checkbox"/> Delete                                                  |                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                         | <input type="checkbox"/> Delete                                                  |                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                         | <input type="checkbox"/> Delete                                                  |                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Brian Hamilton Morris</u> <b>BRIAN HAMILTON MORRIS</b> <b>06-02-2008</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                                                  |                                                                                                                                                              |                                                |                                                                   |

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