


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90025 039 ***150.00

DOCUMENT # P01000116875	
1. Entity Name ROYAL IMPERIAL INVESTMENTS, INC.	

Principal Place of Business D-110 2663 AIRPORT RD STE 110 NAPLES FL 34112	Mailing Address D-110 2663 AIRPORT RD STE 110 NAPLES FL 34112
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2. Principal Place of Business NANCY J. SHEEHAN Suite, Apt. #, etc. 1188 IMPERIAL DR. City & State NAPLES, FL. Zip 34110	3. Mailing Address Same Suite, Apt. #, etc. City & State NAPLES, FL. Zip 34110	Country Collier
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1st MOORE CR2E034 (10/04)

4. FEI Number 03-0461427	Applied For <input type="checkbox"/> 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 BRYANT, EDWARD R JR. 110 2663 AIRPORT ROAD SOUTH STE D-110 NAPLES FL 34112	7. Name and Address of New Registered Agent Name NANCY J. SHEEHAN Street Address (P.O. Box Number is Not Acceptable) 200 FOREST LAKES BLVD. #309 NAPLES, FL. 34105 City FL Zip Code
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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 Nancy J. Sheehan DATE 2-2-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHAN, NANCY J 200 FOREST LAKES BLVD 309 NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHAN, JASON L 1751 IMPERIAL GOLD COURSE BLVD NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVILLE, NORMA G 136 CYPRESS WAY, #3 NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHAN, SUZEANN 200 FOREST LAKES BLVD 10 311 NAPLES FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: Nancy J. Sheehan, Nancy J. Sheehan DATE 2-2-05 (239) 597-0526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #