


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000124173 1. Entity Name CAPRI HOLDINGS INVESTMENT INCORPORATED	
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Principal Place of Business 7101 CAPRI LANE PINELAND, FL 33945	Mailing Address P.O. BOX 420 PINELAND, FL 33945
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1138785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDRESS, NOEL E
7101 CAPRI LANE
PINELAND, FL 33945**

**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 changing) DATE _____

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	U00000894842 04/24/08-80044-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDRESS, NOEL E 7101 CAPRI LANE PINELAND, FL 33945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SUVULIS-ANDRESS, KAREN 7101 CAPRI LANE PINELAND, FL 33945
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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: Noel Andress 3-24-08 (239)283-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #