2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# P03000004272

Entity Name: CONNER CAPITAL INVESTMENTS, INC.

Current Principal Place of Business:

12864 BISCAYNE BLVD.
N MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 520868
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 04-3743264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNER, CHRISTOPHER
5021 HWY 17-92
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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: ______________________________

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONNER, CHRISTOPHER C
Address: 505 MATILDA PL
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CONNER, CHRISTOPHER C
Address: P.O. BOX 520868
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Change (X) Addition
Name: ALLEN, PHILIP M DVP
Address: P.O. BOX 520868
City-St-Zip: LONGWOOD, FL 32750 US

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: CHRISTOPHER CONNER P 04/18/2008

Electronic Signature of Signing Officer or Director Date