

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90343 010 \*\*\*150.00

DOCUMENT # P03000112618		
1. Entity Name SOUTHWEST REAL ESTATE INVESTMENT GROUP, INC.		

Principal Place of Business <del>5001 SW 149 AVENUE</del> <del>DAVIE, FL 33331</del> US	Mailing Address <del>5001 SW 149 AVENUE</del> <del>DAVIE, FL 33331</del> US
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**50038591**

2. Principal Place of Business 4801 S. University Dr. Suite, Apt. #, etc. 219 City & State Davie FL Zip 33328 Country US	3. Mailing Address 1536 Mainssil Drive Suite 2 City & State Naples FL Zip 34114 Country Collier
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04042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0308343	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 JANICKI, LORI A 5001 SW 149 AVENUE DAVIE, FL 33331	7. Name and Address of New Registered Agent Name Lori A. Janicki Street Address (P.O. Box Number is Not Acceptable) 1536 Mainssil Drive Suite 2 City Naples FL Zip Code 34114
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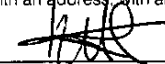
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/14/05

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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	P JANICKI, LORI A 5001 SW 149 AVENUE DAVIE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lori A. Janicki 1536 Mainssil Dr. Suite 2 Naples, FL 34114 <input checked="" 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
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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:  Lori A. Janicki DATE: 4/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR