

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146135

FILED
Apr 15, 2005
Secretary of State

Entity Name: ACQUISITION INVESTMENT CORPORATION

Current Principal Place of Business:

6043 TIMBERWOOD CIR. #222
FORT MYERS, FL 33908

New Principal Place of Business:

6043 TIMBERWOOD CIR.
222
FORT MYERS, FL 33908

Current Mailing Address:

P.O. BOX 61007
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 16-1689015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAVAZZO, NICHOLAS S
6043 TIMBERWOOD CIR. #222
FORT MYERS, FL 33908 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FAVAZZO, NICHOLAS S
Address: 6043 TIMBERWOOD CIR. #222
City-St-Zip: FORT MYERS, FL 33908 US

Title: S () Delete
Name: BASILE, MARIA B
Address: 6541 BRIARCLIFF RD
City-St-Zip: FORT MYERS, FL 33912 US

Title: T () Delete
Name: FAVAZZO, NICHOLAS S
Address: 6043 TIMBERWOOD CIR. #222
City-St-Zip: FORT MYERS, FL 33908 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICHOLAS S. FAVAZZO

P

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date