

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146135

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: ACQUISITION INVESTMENT CORPORATION

## Current Principal Place of Business:

6043 TIMBERWOOD CIR.  
222  
FORT MYERS, FL 33908

## Current Mailing Address:

P.O. BOX 61007  
FORT MYERS, FL 33906

## New Principal Place of Business:

6043 TIMBERWOOD CIR.  
222  
FORT MYERS, FL 339088407 US

## New Mailing Address:

6043 TIMBERWOOD CIR.  
222  
FORT MYERS, FL 339088407 US

FEI Number: 16-1689015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

FAVAZZO, NICHOLAS S VP  
6043 TIMBERWOOD CIR. #222  
FORT MYERS, FL 339088407 US

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: NICHOLAS S/ FAVAZZO, VP

04/22/2008

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: VP ( ) Delete  
Name: FAVAZZO, LINDSAY A  
Address: 6043 TIMBERWOOD CIR. #222  
City-St-Zip: FORT MYERS, FL 33908 US

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

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

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 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: NICHOLAS S. FAVAZZO, VP

VP

04/22/2008

Electronic Signature of Signing Officer or Director

Date