

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146135

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** ACQUISITION INVESTMENT CORPORATION

**Current Principal Place of Business:**

6043 TIMBERWOOD CIR.  
222  
FORT MYERS, FL 339088407 US

**New Principal Place of Business:**

**Current Mailing Address:**

6043 TIMBERWOOD CIR.  
222  
FORT MYERS, FL 339088407 US

**New Mailing Address:**

**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 VP  
6043 TIMBERWOOD CIR. #222  
FORT MYERS, FL 339088407 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  
Name: FAVAZZO, LINDSAY A  
Address: 6043 TIMBERWOOD CIR. #222  
City-St-Zip: FORT MYERS, FL 33908 US

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

Title: S  
Name: FAVAZZO, LINDSAY A  
Address: 6043 TIMBERWOOD CIR. #222  
City-St-Zip: FORT MYERS, FL 33908 US

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

I hereby 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 all other like empowered.

**SIGNATURE:** NICHOLAS S. FAVAZZO, VPO

VPO

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date