


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90113 021 \*\*\*150.00

DOCUMENT # P04000078176		
1. Entity Name RESTO INVESTMENT GROUP, INC.		

Principal Place of Business 818 MAIN STREET KISSIMMEE, FL 34741 US	Mailing Address PO BOX 771882 ORLANDO, FL 32877
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2. Principal Place of Business 14215 HOGAN DRIVE Suite, Apt. #, etc.	3. Mailing Address 14215 HOGAN DR Suite, Apt. #, etc.
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City & State ORLANDO, FLORIDA	City & State ORLANDO, FLORIDA
Zip 32837	Zip 32837
Country ORANGE	Country ORANGE

40056903



03232006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1122210	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RESTO, MANUEL R 818 MAIN STREET KISSIMMEE, FL 34741	7. Name and Address of New Registered Agent Name MANUEL R RESTO Street Address (P.O. Box Number is Not Acceptable) 14215 HOGAN DRIVE City ORLANDO FL Zip Code 32837
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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 X (NOTE: Registered Agent signature required when reinstating) DATE 3/24/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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 RESTO, MANUEL R 818 MAIN STREET KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S MANUEL RESTO 14215 HOGAN DRIVE ORLANDO, FLORIDA 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RESTO, ANNIBELKIS J 818 MAIN STREET KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANNIBELKIS RESTO 14215 HOGAN DRIVE ORLANDO, FLORIDA 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RESTO, MANUEL R 818 MAIN STREET KISSIMMEE, FL 34741 <input checked="" 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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 information.

SIGNATURE: [Signature] DATE 3/24/06 DAYTIME PHONE # 321-287-7440