## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 06, 2005 8:00 am Secretary of State

DOCUMENT # P04000130837  1. Entity Name CAPITAL TRUST INVESTMENTS, INC.					04-06-2005 90098 026 ***150.00					
Principal Place of Business Mailing Address										
PO BOX 30381 PO BOX 30381										
PALM BEACH GARDENS, FL 33420 US PALM BEACH GARDENS, FL				420 US			-			
	•		,						1188: SI (88:	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
	•	Guite, Apr. #, etc.			03232005	Chg-P	CR2E034	4 (10/03)		
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Numbe			_ Ap	plied For	]
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-									t Applicable	
Zip	Country	Zip	Count	5. Certificate of Status Desired S8.75 Additional Fee Required						
	Registered Agent	ed Agent			7. Name and Address of New Registered Agent					
Name and Address of Current Registered Agent				Name						
YEEND, JOHN				Street/Address (P.O. Box Number is Not Acceptable)						
1109 SOUTH CONGRESS AVE WEST PALM BEACH, FL 33406				Street Address (	Y.O. BOX NUMBI	er is Not Acceptable	CO	اسن ن	-	
WEST PALM BEACH, FL 33406				,				<u> </u>		1
· ·				City C ( , C   LEI Zip Code, ) , C						
		n Boa		day 5	33	410				
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								and accept	Ì	
the obligation der Medistered agent.								V		
SIGNATURE.				•			7/			
Agnatore, fixed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)										
FILE NOWILL FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be										
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution					ed to Fees		-			
10.	OFFICERS AND I	DIDECTORS			ADDITIONS	OUANIOSO TO OFFI	OEDO AND E	UDEGTOR	0.161.44	-
TITLE	P,S OFFICERS AND I	Directors Delete	11.		AUDITIONS/	CHANGES TO OFFI				┨
NAME	SALAS, LYDIA	rmi Delete	NAME				i	Change	☐ Addition	ŀ
STREET ADDRESS	PO BOX 30381			T ADDRESS						
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33	420	CITY-	ST-ZIP						
TITLE	VP,T	☐ Delete	TITLE				[	Change	Addition	1
NAME	KATINGER, RICHARD		NAME	:						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33	ST-ZIP								
TITLE NAME		☐ Delete	TITLE				[	Change	Addition	
STREET ADDRESS	·		NAME	ET ADDRESS						
CITY-ST-ZIP			4	ST-ZIP						ļ
TITLE		☐ Delete	TITLE					Change	☐ Addition	1
NAME		· ·	NAME					Change	Addition	
STREET ADDRESS			STREE	ET ADDRESS						
CITY-ST-ZIP			CITY-	-ST-ZIP						
TITLE		Delete	TITLE					Change	Addition	1
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS						
			-	-ST-ZIP						1
NAME	. • • • • • • • • • • • • • • • • • • •	Delete	TITLE					☐ Change	Addition	_
STREET ADDRESS			NAME STRE	ET ADDRESS						1
CITY-ST-ZIP				-ST-ZIP						

12. I hereby certify that the information supplied with his 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 supplied ental report is tive 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 trusted 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 an other like empowered.

SIGNATURE:

NATURE AND TIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

329/05 5616913835