
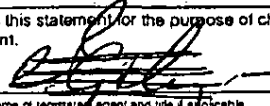
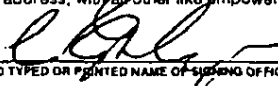


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90090 014 \*\*\*150.00

DOCUMENT # P04000139202					
1. Entity Name 525 INVESTMENT, INC.					
Principal Place of Business 525 SOUTH FLAGLER DRIVE SUITE 300 WEST PALM BEACH FL 33401			Mailing Address 525 SOUTH FLAGLER DRIVE SUITE 300 WEST PALM BEACH FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>201915913</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MURPHY, EUGENE W JR 340 ROYAL PALM WAY SUITE 100 PALM BEACH FL 33480</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code
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 				DATE <b>2/24/05</b>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>President/ Director</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Christain Heiligenstein</b>	NAME			
STREET ADDRESS	<b>225 Eden Rd</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>Palm Beach FL 33480</b>	CITY-ST-ZIP			
TITLE	<b>Secretary/Treasurer/ Director</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Vincent Ross</b>	NAME			
STREET ADDRESS	<b>201 Sanford Ave</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>Palm Beach FL 33480</b>	CITY-ST-ZIP			
TITLE	<b>Director</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Leo Albert</b>	NAME			
STREET ADDRESS	<b>425 Worth Ave 5D</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>Palm Beach FL 33480</b>	CITY-ST-ZIP			
TITLE	<b>Director</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>William DeDrole</b>	NAME			
STREET ADDRESS	<b>167 Seabreeze Ave</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>Palm Beach FL 33480</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this 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 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 like empowered.					
SIGNATURE: 				DATE <b>2/24/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	