## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000158592

Entity Name: WAGHALTER INVESTMENT GROUP, INC.

FILED Feb 25, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

911 GULF BREEZE PARKWAY GULF BREEZE, FL 32561

Current Mailing Address: New Mailing Address:

911 GULF BREEZE PARKWAY GULF BREEZE, FL 32561

FEI Number: 33-1106072 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAGHALTER, SAM

18 TRISTAN WAY

PENSACOLA BEACH, FL 32561 US

WAGHALTER, SAM

911 GULF BREEZE PARKWAY

GULF BREEZE, FL 32561 U

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: 02/25/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name:WAGHALTER, SHERLYNName:WAGHALTER, SHERLYNAddress:18 TRISTAN WAYAddress:911 GULF BREEZECity-St-Zip:PENSACOLA BEACH, FL 32561City-St-Zip:GULF BREEZE, FL 32561

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

Name: WAGHALTER, SAM Name: WAGHALTER, SAM

Address: 18 TRISTAN WAY Address: 911 GULF BREEZE PARKWAY

City-St-Zip: PENSACOLA BEACH, FL 32561 City-St-Zip: GULF BREEZE, FL 32561

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: SAM WAGHALTER V 02/25/2008