
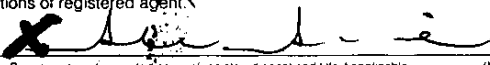



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90012 010 ***150.00

DOCUMENT # P05000097487 1. Entity Name COURSE CAPITAL INVESTMENTS, INC.																																																			
Principal Place of Business 1276 OLYMPIC CIRCLE GREENACRES, FL 33413		Mailing Address 1276 OLYMPIC CIRCLE GREENACRES, FL 33413																																																	
2. Principal Place of Business - No P.O. Box # 860 NE 212TH TERRACE Suite, Apt. #, etc. APT. 3 City & State NORTH MIAMI BEACH- FL Zip 33179		3. Mailing Address 860 NE 212TH TERRACE Suite, Apt. #, etc. APT. 3 City & State NORTH MIAMI BEACH-FL Zip 33179																																																	
Country US		Country US																																																	
4. FEI Number 55-0900628		Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent ACCIME, ALIX 1276 OLYMPIC CIRCLE GREENACRES, FL 33413		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 860 NE 212TH TERRACE APT 3 City NORTH MIAMI BEACH FL Zip Code 33179																																																	
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 4/19/07																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:50%;">PS ACCIME, ALIX 1276 OLYMPIC CIRCLE GREENACRES, FL 33413</td> <td style="width:50%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ACCIME, ALIX 1276 OLYMPIC CIRCLE GREENACRES, FL 33413	Delete <input type="checkbox"/>																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:50%;">860 NE 212TH TERRACE APT 3 NORTH MIAMI BEACH FL 33179</td> <td style="width:50%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	860 NE 212TH TERRACE APT 3 NORTH MIAMI BEACH FL 33179	Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
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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 like empowered.																																																			
SIGNATURE: 		APR 19 2007 (305) 796-4867																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																																																	