2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000097487

COURSE CAPITAL INVESTMENTS, INC.



Principal Place of Business

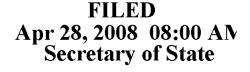
860 N.E. 212TH TERRACE

NORTH MIAMI BEACH, FL 33179

Mailing Address

860 N.E. 212TH TERRACE

NORTH MIAMI BEACH, FL 33179





CR2E034 (11/05)

Fee Required

04172008 DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 55-0900628 Not Applicable \$8,75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

ACCIME, ALIX

860 N.E. 212TH TERRACE APT 3 NORTH MIAMI SHORES, FL 33179 DO NOT WRITE IN THIS SPACE

No Chg-P

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.		
SI	IGNATURE		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Unnnnnassaak 05/20/08-80048-023 150.00

10. OFFICERS AND DIRECTORS TITLE ACCIME, ALIX STREET ADDRESS 860 N.E. 212TH TERRACE APT 3 CITY-ST-7IP NORTH MIAMI BEACH, FL 33179 TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN, THIS SPACE

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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR