

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90039 016 ***158.75

DOCUMENT # P06000040110
 1. Entity Name
 DOMAIN INVESTMENT GROUP, INC



Principal Place of Business
 14359 MIRAMAR PARKWAY
 111
 MIRAMAR FL 33027-4134
 US

Mailing Address
 19820 NW 4TH STREET
 PEMBROKE PINES FL 33029
 US



2. Principal Place of Business - No P.O. Box #
 14359 Miramar Parkway
 Suite, Apt. #, etc.
 111

3. Mailing Address
 14359 Miramar Parkway
 Suite, Apt. #, etc.
 111

1st MOORE CR2E034 (10/07)

City & State
 Miramar Florida

City & State
 Miramar Florida

Zip
 33027-4134

Country
 Broward

Zip
 33027-4134

Country
 Broward

4. FEI Number 65-1270974

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EVANS, ANTON
 9540 CHELSEA DRIVE
 MIRAMAR FL 33025

Anton Evans

7. Name and Address of New Registered Agent
 Name: *Evans, Anton*
 Street Address (P.O. Box Number is Not Acceptable):
 9540 Chelsea Drive
 City: *Miramar* FL Zip Code: *33025*

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: *Anton Evans* DATE: *2-26-08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BLACK, DELORES	
STREET ADDRESS	19820 NW 4TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EVANS, ANTON	
STREET ADDRESS	9540 CHELSEA DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEASANT, ERIC	
STREET ADDRESS	5547 NW 194 LANE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOVING, JAMES	
STREET ADDRESS	2351 NW 127TH AVENUE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLACK, ANTHONY 111	
STREET ADDRESS	2770 NW 172 TERRACE	
CITY-ST-ZIP	MIAMI GARDENS FL 33056	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLACK, ANTHONY JR	
STREET ADDRESS	17832NW 27 COURT	
CITY-ST-ZIP	MIAMI FL 33056	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Gay Howard</i>	
STREET ADDRESS	<i>9530 Chelsea Dr.</i>	
CITY-ST-ZIP	<i>Miramar FL 33025</i>	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Tucker Sharon</i>	
STREET ADDRESS	<i>20301 NE 13CT</i>	
CITY-ST-ZIP	<i>Miami FL 33179</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Delores E. Black* Date: *2/26/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR