2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144183

Entity Name: HALO GROUP INVESTMENTS, INC.

FILED Apr 28, 2008 Secretary of State

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

11929 NW 54TH PLACE 5944 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33076

#224

CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Mailing Address: New Mailing Address:

11929 NW 54TH PLACE 5944 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33076

#224 CORAL SPRINGS, FL 33076

FEI Number: 20-5909299 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:

ALICEA, ROBERT ALICEA, ROBERT 11929 NW 54TH PLACE 5944 CORAL RIDGE DRIVE

CORAL SPRINGS, FL 33076 US #224 CORAL SPRINGS, FL 33076 US

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: 04/28/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition PTSD () Delete Title: Name: ALICEA, ROBERT Name: ALICEA, ROBERT

11929 NW 54TH PLACE 5944 CORAL RIDGE DRIVE #224 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33076 City-St-Zip: CORAL SPRINGS, FL 33076

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

Name: ALICEA, CRISTINA Name: ALICEA, CRISTINA

11929 NW 54TH PLACE 5944 CORAL RIDGE DRIVE #224 Address: Address: CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 City-St-Zip: City-St-Zip:

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: ROBERT ALICEA **PTSD** 04/28/2008