2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2009
Secretary of State

DOCUMENT# P07000017690

Entity Name: RIGAUD INVESTMENT GROUP INC

Current Principal Place of Business:

1999 W COLONIAL DRIVE
SUITE 215
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1999 W COLONIAL DRIVE
SUITE 215
ORLANDO, FL 32804

New Mailing Address:

250 ALEXANDRIA PLACE DR.
APOPKA, FL 32712

FEI Number: 20-8416887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLIN, RIGAUD
1999 W COLONIAL DIRVE
SUITE 215
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

COLIN, RIGAUD
250 ALEXANDRIA PLACE DR.
APOPKA, FL 32712 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: RIGAUD COLIN 05/09/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COLIN, RIGAUD
Address: 1999 W COLONIAL DRIVE STE 215
City-St-Zip: ORLANDO, FL 32804

Title: VP ( ) Delete
Name: COLIN, ROSA
Address: 3004 ISOLA BELLA BLVD
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COLIN, RIGAUD
Address: 250 ALEXANDRIA PLACE DR
City-St-Zip: APOPKA, FL 32712

Title: VP (X) Change ( ) Addition
Name: COLIN, ROSA
Address: 250 ALEXANDRIA PLACE DR.
City-St-Zip: APOPKA, FL 32712

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: RIGAUD COLIN P 05/09/2009
Electronic Signature of Signing Officer or Director Date