2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State
04-30-2008 90207 046 ***150.00

DOCUMENT # P07000064116

1. Entity Name
CALDWELL MERLINO & BERNSTEIN INVESTMENTS, INC.

66012630

Principal Place of Business	Mailing Address
5850 Coral Ridge Dr, Ste 315 Coral Springs, FL 33076	5850 Coral Ridge Dr, Ste 315 Coral Springs, FL 33076

04252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5850 Coral Ridge Dr	5850 Coral Ridge Dr
Suite, Apt. #, etc.: Ste 315	Suite, Apt. #, etc.: Ste 315
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33076 Country: US	Zip: 33076 Country: US

4. FEI Number: 26-042 6669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAILEY, ABE A 18350 N.W. SECOND AVENUE, SUITE 500 MIAMI, FL 33169	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES REYNOLDS, JAY L 5850 Coral Ridge Dr Ste 315 Coral Springs, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 5850 Coral Ridge Dr., Ste 315 Coral Springs, FL 33076
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES REYNOLDS, ADRIENNE C 5850 Coral Ridge Dr, Ste 315 Coral Springs, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 5850 Coral Ridge Dr, Ste 315 Coral Springs, FL 33076
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECT REYNOLDS, JADE C 5850 Coral Ridge Dr., Ste 315 Coral Springs, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 5850 Coral Ridge Dr Ste 315 Coral Springs, FL 33076
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR REYNOLDS, JAY L 5850 Coral Ridge Dr, Ste 315 Coral Springs, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 5850 Coral Ridge Dr, Ste 315 Coral Springs, FL 33076
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 5/23/08 954-344-4993
FULL NAME AND TYPED OR PRINTED TITLE OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #