

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90031 044 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |                                                                                                                                      |                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P09718</b><br>1. Entity Name<br><b>G EQUITY INVESTMENT GROUP LTD., INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                     |                                                                                                                                      |                                                                                                                                                                          |  |
| Principal Place of Business<br><b>71 SOUTH WACKER DRIVE<br/>SUITE 2760<br/>CHICAGO, IL 60606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      |                                                                                                                     | Mailing Address<br><b>71 SOUTH WACKER DRIVE<br/>SUITE 2760<br/>CHICAGO, IL 60606</b>                                                 |                                                                                                                                                                          |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | 3. Mailing Address                                                                                                  |                                                                                                                                      |                                                                                                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                      |                                                                                                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                      | City & State                                                                                                        |                                                                                                                                      |                                                                                                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                              | Zip                                                                                                                 | Country                                                                                                                              | 02212008    Chg-P    CR2E034 (12/06)                                                                                                                                     |  |
| 4. FEI Number<br><b>36-3327521</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                                                                                                                     |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                     |                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GOLDSTICK, PHILLIP C<br/>C/O STEPHEN MATHISON<br/>PGA CONCOURSE, 5606 PGA BLVD., STE. 211<br/>PALM BCH GARDENS, FL 33418</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                     |                                                                                                                                      |                                                                                                                                                                          |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                      |                                                                                                                                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                         |                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CEOP<br/>GOLDSTICK, PHILLIP C    <input type="checkbox"/> Delete<br/>20 N. CLARK ST., #2550<br/>CHICAGO, IL</b>   |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>CEOP    <input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition<br/>GOLDSTICK, PHILLIP C<br/>71 S. WACKER DR. #2760<br/>CHICAGO, IL 60606</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP<br/>GOLDSTICK, GALE    <input type="checkbox"/> Delete<br/>20 N. CLARK ST., #2550<br/>CHICAGO, IL 60602</b>    |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>VP    <input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition<br/>GOLDSTICK, GALE<br/>71 S. WACKER DR. #2760<br/>CHICAGO, IL 60606</b>        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>ST<br/>GOLDSTICK, BEVERLY    <input type="checkbox"/> Delete<br/>20 N. CLARK ST., #2550<br/>CHICAGO, IL 60602</b> |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>ST    <input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition<br/>GOLDSTICK, BEVERLY<br/>71 S. WACKER DR. #2760<br/>CHICAGO, IL 60606</b>     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                      |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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. |                                                                                                                      |                                                                                                                     |                                                                                                                                      |                                                                                                                                                                          |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |                                                                                                                     | <b>3/6/08</b> (312) 782-3280                                                                                                         |                                                                                                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                     |                                                                                                                                      |                                                                                                                                                                          |  |