

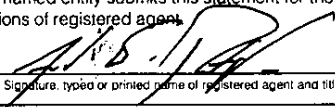
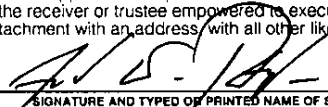


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90011 028 \*\*\*150.00

<b>DOCUMENT # P94000048402</b> 1. Entity Name <b>LEVIN INVESTMENTS &amp; DEVELOPMENT, INC.</b>					
Principal Place of Business <b>TEN PORTOFINO DR PENSACOLA BEACH, FL 32561 US</b>			Mailing Address <b>TEN PORTOFINO DR PENSACOLA BEACH, FL 32561 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
		04182008      Chg-P      CR2E034 (12/06)		4. FEI Number <b>59-3251632</b>	
		5. Certificate of Status Desired <input type="checkbox"/>		Applied For 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 <b>LEVIN, ALLEN R TEN PORTOFINO DR PENSACOLA BEACH, FL 32561</b>			7. Name and Address of New Registered Agent Name: <b>Andrew Rothfeder</b> Street Address (P.O. Box Number is Not Acceptable): <b>10 Portafino Drive</b> City: <b>Pensacola Beach, FL</b> Zip Code: <b>32561</b>		
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:  <b>Andrew Rothfeder</b> DATE: <b>4/23/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>LEVIN, TERI S TEN PORTOFINO DR PENSACOLA BEACH, FL 32561</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
SIGNATURE:  <b>Andrew Rothfeder</b>		Date: <b>4/23/08</b>		Daytime Phone #: <b>850-916-5050</b>	