2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000027159

Entity Name: FOGEL CAPITAL MANAGEMENT, INC.

FILED Apr 22, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

453 RIVERSIDE DRIVE 453 SE RIVERSIDE DRIVE STUART, FL 34994 US STUART, FL 34994 US

Current Mailing Address: New Mailing Address:

453 RIVERSIDE DRIVE 453 SE RIVERSIDE DRIVE STUART, FL 34994 US STUART, FL 34994 US

FEI Number: 65-0574046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOGEL, MICHAEL F
453 RIVERSIDE DRIVE
STUART, FL 34994 US

FOGEL, MICHAEL F
453 SE RIVERSIDE DRIVE
STUART, FL 34994 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: 04/22/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 FOGEL, MICHAEL
 Name:
 FOGEL, MICHAEL

 Address:
 453 RIVERSIDE DRIVE
 Address:
 453 SE RIVERSIDE DRIVE

City-St-Zip: STUART, FL 34994 Address: 453 SE RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

Title: VP () Delete Title: VP (X) Change () Addition Name: FOGEL, MICHAEL Name: FOGEL, MICHAEL

Address: 453 RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

Address: 453 SE RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

Address: 453 SE RIVERSIDE DRIVE
STUART, FL 34994

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

 Name:
 FOGEL, MICHAEL
 Name:
 FOGEL, MICHAEL

 Address:
 453 RIVERSIDE DRIVE
 Address:
 453 SE RIVERSIDE DRIVE

 City-St-Zip:
 STUART, FL 34994
 City-St-Zip:
 STUART, FL 34994

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: MICHAEL FOGEL PD 04/22/2008