


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90029 010 \*\*\*150.00

DOCUMENT # P95000090412 1. Entity Name CHRISTINE INVESTMENT, INC.	
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Principal Place of Business C/O RICHARD MITTLEMAN 56 EXCHANGE TERRACE PROVIDENCE, RI 02903	Mailing Address C/O RICHARD MITTLEMAN 56 EXCHANGE TERRACE PROVIDENCE, RI 02903
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40005441



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2210955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REGNIER, LOUIS C/O RICHARD MITTLEMAN PROVIDENCE, RI 02903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S REGNIER, LOUIS 100 MIDWAY RD, STE 19 CRANSTON, RI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/T MARCUS, CHRISTINE 100 MIDWAY RD, STE 19 CRANSTON, RI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Christine Marcus Christine Marcus 1/17/05 401-331-3330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #