


**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)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	

**DO NOT WRITE
IN THIS SPACE**

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 #