2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000090191

1. Entity Name
HALO INVESTMENTS, INC.

Principal Place of Business	Mailing Address
21301 S TAMIAMI TRAIL SUITE 320 PMB 113 ESTERO, FL 33928-2943	21301 S TAMIAMI TRAIL SUITE 320 PMB 113 ESTERO, FL 33928-2943

DO NOT WRITE IN THIS SPACE

02282007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
59-3410711	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OGILVIE, DAVID M
21301 S TAMIAMI TRL STE 230 PMB 113
ESTERO, FL 33928-2943

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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 3/8/07

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OGILVIE, DAVID M
STREET ADDRESS	21301 S TAMIAMI TRAIL, STE 320 PMB113
CITY-ST-ZIP	ESTERO, FL 33928

TITLE	D
NAME	OGILVIE, CAROL
STREET ADDRESS	21301 S TAMIAMI TRAIL, STE 320 PMB 113
CITY-ST-ZIP	ESTERO, FL 339282943

TITLE	
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CITY-ST-ZIP	

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03/20/07-80059-009 150.00

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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 _____ DAVID M. OGILVIE, PRES. 3/8/07 239-390-9583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #