


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90463 006 ***150.00

DOCUMENT # P97000006150	
1. Entity Name CHICAGO INVESTMENT GROUP, INC.	

Principal Place of Business 3811 ENTERPRISE AVE NAPLES, FL 34104 US	Mailing Address 3811 ENTERPRISE AVE NAPLES, FL 34104 US
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14000400



2. Principal Place of Business 142 E. GRAND AVE. Suite, Apt. #, etc.	3. Mailing Address 142 E. GRAND AVE. Suite, Apt. #, etc.
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03252004 Chg-P CR2E034 (10/03)

City & State FOX LAKE, IL.	City & State FOX LAKE, IL.
Zip 60020	Country U.S.A.

4. FEI Number 59-3423967	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALVATORI, LEO J 4001 4501 TAMiami TRAIL NORTH SUITE 300 330 NAPLES, FL 34103	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete HARRISON, MILO 817 WYNDEMERE WAY NAPLES, FL 34104	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete ABLEIDINGER, ROBERT 4529 CHEVAL BLVD LUTZ, FL 33549	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete KINDLON, JOSEPH 2 S 220 HAWTHORNE LANE WHEATON, IL 60187	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Milo D. Harrison Milo D. HARRISON 4/22/04 847-973-2115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #