


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90019 011 ***150.00

DOCUMENT # P97000062081	
1. Entity Name CORPORATE INVESTMENT GROUP, INC.	

Principal Place of Business 930 S HARBOR CITY BLVD, SUITE 505 MELBOURNE FL 32901	Mailing Address 930 S HARBOR CITY BLVD, SUITE 505 MELBOURNE FL 32901
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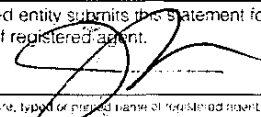


2. Principal Place of Business - No P.O. Box # To Jack B. Spira	3. Mailing Address To Jack B. Spira
Suite, Apt. #, etc. 5205 Babcock St NE	Suite, Apt. #, etc. 5205 Babcock St NE
City & State Palm Bay, FL	City & State Palm Bay, FL
Zip 32905	Country USA

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3458064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, J PATRICK 930 S HARBOR CITY BLVD, SUITE 505 MELBOURNE FL 32901	
7. Name and Address of New Registered Agent Name Jack B Spira Street Address (P.O. Box Number is Not Acceptable) 5205 Babcock Street NE City Palm Bay FL Zip Code 32905	

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 fee (if applicable). (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	D TEIMOURI, VAHEED B 3455 FORT NELSON LANE MELBOURNE FL 32934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spira, Jack B. 5205 Babcock Street NE Palm Bay, FL 32905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTHERFORD, STEVEN W 555 ORANGE GROVE AVE W MELBOURNE FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, WILLIAM W 6055 SOUTH TROPICAL TRAIL MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEMPLETON, JOHN 4260 LAKEMONT RD MELBOURNE FL 32934 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08
Date

321-253-2517
Daytime Phone