2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106518

MCNEILL, H G

215 N EOLA DR

ORLANDO, FL 32801

Name:

Address:

City-St-Zip:

Entity Name: CNL CORPORATE INVESTMENTS, INC.

FILED May 21, 2009 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
450 S. ORA ORLANDO						
Current Mailing Address:			New Mail	New Mailing Address:		
215 N EOLA ORLANDO		US				
FEI Number:	59-3483457	FEI Number Applied For()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name				ame and Address of New Registered Agent:		
MCNELL, H. GREGORY 215 NIEOLA DR ORLANDO, FL 32801 US			215 N.EÓ	MCNELL, H. GREGORY 215 N.EOLA DR ORLANDO, FL 32801 US		
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.						
SIGNATURE:				05/21/2009		
	Electr	onic Signature of Registered Agen	t		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BOURNE, RO	OUTH STREET SUITE 500	Title: Name: Address: City-St-Zip:	ROBINSON, 230 VARSIT		
Title: Name: Address: City-St-Zip:	DPST BOURNE, RO 400 E SOUT ORLANDO, F	H ST	Title: Name: Address: City-St-Zip:	D KNIPE, JEFF 215 N. EOLA ORLANDO, F	DRIVE	
Title: Name: Address: City-St-Zip:	AS RINKA, PATE 215 N EOLA ORLANDO, E	DR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	AT	() Delete	Title:	PD	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MCNEILL, HAROLD G

ORLANDO, FL 32801

215 N EOLA DR

SIGNATURE: HAROLD G. MCNEILL P 05/21/2009