

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000063040

FILED
Dec 06, 2007
Secretary of State**Entity Name:** ROYAL INVESTMENT GROUP, INC.**Current Principal Place of Business:**2610 NW 4 ST
FORT LAUDERDALE, FL 33311**New Principal Place of Business:****Current Mailing Address:**PO BOX 590403
FORT LAUDERDALE, FL 33359**New Mailing Address:****FEI Number:** 65-0853859**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: PIERRE, MARIE L
Address: 2610 NW 4 ST
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA () Change (X) Addition
Name: SAMPSON, OCTAVIA L MS
Address: PO BOX 590403
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: SECT () Change (X) Addition
Name: MARSHALL, SERGE MR
Address: PO BOX 590403
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: DIR () Change (X) Addition
Name: FIELDS, ARNOLD MR
Address: PO BOX 590403
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: DIR () Change (X) Addition
Name: POLIARD, JOYCE MS
Address: PO BOX 590403
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: EXVP () Change (X) Addition
Name: JOSEPH, CLIFTON MR
Address: 3011 SW 8 STREET
City-St-Zip: FORT LAUDERDALE, FL 33312 US

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.

SIGNATURE: MARIE PIERRE

PSTD

12/06/2007

Electronic Signature of Signing Officer or Director

Date