


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90033 049 \*\*\*150.00

DOCUMENT # P99000090484

1. Entity Name  
COLE INVESTMENTS, INC.



Principal Place of Business 8287 KELSO DRIVE PALM BEACH GARDENS, FL 33418	Mailing Address 8287 KELSO DRIVE PALM BEACH GARDENS, FL 33418
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**DO NOT WRITE IN THIS SPACE**

40035676



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0990784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

COLE, PHILLIP H  
8287 KELSO DR  
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE  
IN THIS SPACE**

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 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	P
NAME	COLE, PHILLIP H
STREET ADDRESS	8287 KELSO DR
CITY - ST - ZIP	WEST PALM BEACH, FL 33418
TITLE	<i>PALM BEACH GARDENS -</i>
NAME	<i>FLA - 33418</i>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Phillip H Cole* *PHILLIP H COLE* *3-14-07* *561-622-0566*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #