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## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # V23888 1. Entity Name RENTINVEST COMPANY, INC. Principal Place of Business 7648 SWISS FAIRWAYS CLERMONT, FL 34711 US Mailing Address 7648 SWISS FAIRWAYS CLERMONT, FL 34711 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

FILED Apr 16, 2007 08:00 A Secretary of State

IN THIS SPACE  In 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 recobligations of registered agent, or both, in the State of Florida. I am familiar with, and accept recobligations of registered agent, or both, in the State of Florida. I am familiar with, and accept recobligations of registered agent, or both, in the State of Florida. I am familiar with, and accept recobligations of registered agent, or both, in the State of Florida. I am familiar with, and accept recobligations of registered agent, or both, in the State of Florida. I am familiar with, and accept recobligations of registered agent, or both, in the State of Florida. I am familiar with, and accept recobligations of registered agent, or both, in the State of Florida. I am familiar with, and accept recobligations of registered agent, or both, in the State of Florida. I am familiar with, and accept recobligations of registered agent, or both, in the State of Florida. I am familiar with, and accept recobligations of registered agent, or both, in the State of Florida. I am familiar with, and accept recobligations of registered agent, or both, in the State of Florida. I am familiar with, and accept recobligations of registered agent, or both, in the State of Florida. I am familiar with, and accept recobligations of registered agent, or both, in the State of Florida. I am familiar with, and accept recobling agent agen									
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FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.    Drust Fund Contribution.   \$5.00 May Be Added to Fees	3IGNATURE =	Signature, typed or printed name of registered agent and latte	fapplicable (NOTE, Registerer	d Agent signature require	id when reinstating)				
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12. Thereby certify that the information supplied with this filing does not quality 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 orabit; 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 SIGNIN

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