2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 12, 2007 08:00 AM **DOCUMENT # V29763 Secretary of State** LAW FAMILY INVESTMENTS, INC. Principal Place of Business Mailing Address 6001 BRICK COURT, STE. 202 6001 BRICK COURT, STE. 202 WINTER PARK, FL 32792 WINTER PARK, FL 32792 02042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3120199 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LAW, ROBERT DO NOT WRITE 6001 BRICK COURT, STE. 202 WINTER PARK, FL 32792 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 Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LAW, ROBERT K STREET ADDRESS 1816 SENECA BLVD U00000632464 02/21/07-80022-024 150.00 CITY-\$1-ZIP WINTER SPRINGS, FL 32708 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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: _____

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 2, 07

407-786-3111

FILED