


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000006545
 1. Entity Name
BARTHOLOMEW INVESTMENTS, INC.



Principal Place of Business 16959 BERNARDO CENTER DR STE 201 SAN DIEGO, CA 92128	Mailing Address 16959 BERNARDO CENTER DR STE 201 SAN DIEGO, CA 92128
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01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0105751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEWITT, MONICA
 6024 CANDLER TERR
 SEBRING, FL 33876

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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 NAME STREET ADDRESS CITY-ST-ZIP	CP BARTHOLOMEW, JAMES M 16959 BERNARDO CENTER DR STE 201 SAN DIEGO, CA 92128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS BARTHOLOMEW, VALENTINA M 16959 BERNARDO CENTER DR STE 201 SAN DIEGO, CA 92128
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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:  **1/9/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #