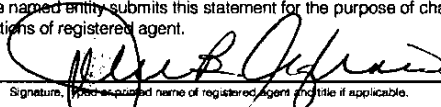
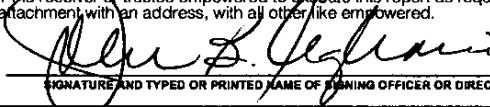


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90135 030 ***150.00

DOCUMENT # 626816 1. Entity Name AGLIANO & ASSOCIATES, INC.					
Principal Place of Business 727 MAINSAIL DR TAMPA, FL 33602 US			Mailing Address PO BOX 26603 TAMPA, FL 33623 US		
2. Principal Place of Business 707- MAINSAIL DR.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State		4. FEI Number 59-1915094	
Zip 33602		Country Hillsborough		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGLIANO, JOHN B 727- MAINSAIL DR TAMPA, FL 33602			7. Name and Address of New Registered Agent Name John B. Agliano Street Address (P.O. Box Number is Not Acceptable) 707- MAINSAIL DR. City TAMPA FL Zip Code 33602		
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 4-3-06 Signature (Type 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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS AGLIANO, JOHN B. 727 MAINSAIL DR TAMPA, FL 33602	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	John B. Agliano 707- MAINSAIL DR. TAMPA, FL 33602	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
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:  DATE 4-3-06 DAYTIME PHONE # 813-221-4284 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR					