

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738573

FILED
Mar 29, 2005
Secretary of State

Entity Name: IL CIRCOLO, INC.

Current Principal Place of Business:

1709 DEL HAVEN DR
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

PO BOX 2166
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-1742639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUTTUSO, JAMES DDS
1709 DEL HAVEN DR
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUTTUSO, JAMES DDS
Address: 1709 DEL HAVEN DR
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD () Delete
Name: TAMBURRI, ANTHONY
Address: 4501 N OCEAN BLVD #TH3
City-St-Zip: BOCA RATON, FL 33431

Title: VD () Delete
Name: VALENTI, SALLY
Address: 4732 CYPRESS DR S
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: RENZI, ANGELINA
Address: 9777 NICKELS BLVD. APT. 701
City-St-Zip: BOYNTON BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES GUTTUSO, DDS

PD

03/29/2005

Electronic Signature of Signing Officer or Director

Date