


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90386 049 \*\*\*\*61.25

<b>DOCUMENT # 738573</b>					
1. Entity Name IL CIRCOLO, INC.					
Principal Place of Business 1709 DEL HAVEN DR DELRAY BEACH, FL 33483			Mailing Address PO BOX 2166 PALM BEACH, FL 33480		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1742639	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUTTUSO, JAMES DDS 1709 DEL HAVEN DR DELRAY BEACH, FL 33483			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTTUSO, JAMES DDS		NAME		
STREET ADDRESS	1709 DEL HAVEN DR		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAMBURRI, ANTHONY		NAME		
STREET ADDRESS	4501 N OCEAN BLVD #TH3		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALENTI, SALLY		NAME		
STREET ADDRESS	4732 CYPRESS DR S		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RENZI, ANGELINA		NAME	RENZI, ANGELINA	
STREET ADDRESS	9777 NICKELS BLVD. APT. 701		STREET ADDRESS	9777 NICKELS BLVD APT 701	
CITY-ST-ZIP	BOYNTON BEACH, FL 33483		CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change
NAME			NAME	GROEN, JOSEPHINE	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	5195 EUROPA DR APT M	
CITY-ST-ZIP			CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change
NAME			NAME	CROGLIO, JOANNE A.	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	9777 NICKELS BLVD APT 704	
CITY-ST-ZIP			CITY-ST-ZIP	BOYNTON BEACH FL 33436	
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 617, 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: <i>Josephine Groen Sec.</i>			Date: 4-27-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

561-274-4767