

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738573

FILED  
Jan 11, 2007  
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: TD ( ) Delete  
Name: RENZI, ANGELINA  
Address: 9777 NICKENS BLVD APT 701  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD ( ) Delete  
Name: GROEN, JOSEPHINE  
Address: 5195 EUROPA DR APT M  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD ( ) Delete  
Name: GROGLIO, JOANNE A  
Address: 9777 NICKELS BLVD APT 704  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: PETTI, EMILIO J  
Address: 1060 SOUTH OCEAN BLVD.  
City-St-Zip: DELRAY BEACH, FL 33483

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 Chapter 119, 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

01/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date