


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000001788  
1. Entity Name  
AMALFI ASSOCIATES, INC.



Principal Place of Business  
12 GILFORD EAST DRIVE  
GILFORD, NH 03246

Mailing Address  
12765 FOREST HILL BLVD  
SUITE 1302  
WELLINGTON, FL 33414

**DO NOT WRITE IN THIS SPACE**



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number  
04-2705704

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MARIO G. DE MENDOZA, III, P.A.  
12765 FOREST HILL BLVD STE 1302  
WEST PALM BEACH, FL 33414

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering)

04/04/07 000000620943  
DATE 21-021 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

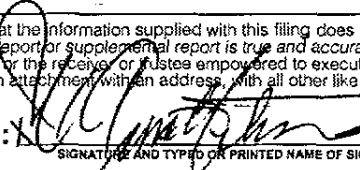
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                       |
|-----------------|-----------------------|
| TITLE           | P                     |
| NAME            | AMALFITANO, MICHAEL L |
| STREET ADDRESS  | 12 GILFORD EAST DRIVE |
| CITY - ST - ZIP | GILFORD, NH 03246     |
| TITLE           | S                     |
| NAME            | HONIG, STEPHEN M      |
| STREET ADDRESS  | 265 FRANKLIN STREET   |
| CITY - ST - ZIP | BOSTON, MA 021103192  |
| TITLE           | T                     |
| NAME            | MESSINA, JOSEPH       |
| STREET ADDRESS  | 73 PARK AVENUE        |
| CITY - ST - ZIP | BLOOMFIELD, NJ 07003  |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

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IN THIS SPACE**

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:  Michael L. Amalfitano, Pres. X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #