

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001547

FILED
May 11, 2009
Secretary of State

Entity Name: ITAL-UIL-USA, INC.

Current Principal Place of Business:

660 LINTON BLVD
SUITE 209
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

660 LINTON BLVD
SUITE 209
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 11-2860716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CANNONE, MARGARET
660 LINTON BLVD., SUITE 209
DELRAY BEACH, FL 33444 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: P () Delete
Name: GILLS, JOHN
Address: 31 W. 15TH STREET
City-St-Zip: NEW YORK, NY 10011 V

Title: V () Delete
Name: PORTO, DINO
Address: 31 W 15TH ST
City-St-Zip: NEW YORK, NY 10011

Title: T () Delete
Name: LACARBONARA, LOUIS
Address: 31 W 15TH ST
City-St-Zip: NEW YORK, NY 10011

Title: S () Delete
Name: FRONTERRE, SALVATORE
Address: 31 W 15TH STREET
City-St-Zip: NEW YORK, NY 10011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GILLS, JOHN
Address: 31 W. 15TH STREET
City-St-Zip: NEW YORK, NY 10011

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 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: SALVATORE FRONTERRE

S

05/11/2009

Electronic Signature of Signing Officer or Director

Date