2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90264 045 ***158.75

DOCUMENT # P03000053382

1. Entity Name
NICK S. RUGGIANO, INC.

Principal Place of Business	Mailing Address
6005 N. WICKHAM ROAD H-17 MELBOURNE, FL 32935	6005 N. WICKHAM ROAD H-17 MELBOURNE, FL 32935

03192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3460 N. Courtney rd	3460 N. Courtney rd.
Suite, Apt. #, etc.: 27	Suite, Apt. #, etc.: 27
City & State: Merritt Island, FL	City & State: Merritt Island FL
Zip: 32953 Country: ~~Brevar~~ U.S.	Zip: 32953 Country: U.S.

4. FEI Number 75-3115203 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUGGIANO, NICK S
6005 N. WICKHAM ROAD
H-17
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name: Ruggiano, Nick S.
Street Address (P.O. Box Number is Not Acceptable): 3460 N. Courtney rd. #27
City: Merritt Island FL Zip Code: 32953

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST RUGGIANO, NICK S 6005 N. WICKHAM ROAD, SUITE H-17 MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Bradley Edwards 3460 N. Courtney rd Merritt Island FL 32953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~EDWARD, BRADLEY~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4-17-07 321-508-0185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #