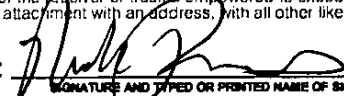


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 6005 N. WICKHAM ROAD H-17 MELBOURNE, FL 32935		Mailing Address 6005 N. WICKHAM ROAD H-17 MELBOURNE, FL 32935	
2. Principal Place of Business - No P.O. Box # 3460 N. Courtney rd Suite, Apt. #, etc. 27		3. Mailing Address 3460 N. Courtney rd. Suite, Apt. #, etc. 27	
City & State Merritt Island, FL Zip 32953		City & State Merritt Island FL Zip 32953	
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	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bradley Edwards 3460 N. Courtney rd Merritt Island FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD, ARADLEY	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 ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 ☐
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 807, 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: 		4-17-07 321-508-0185 Date Daytime Phone #	