2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000108576

1. Entity Name
TORNATTA ENTERPRISE, INC.

Principal Place of Business	Mailing Address
264 SAND PIPER DR. KISSIMMEE, FL 34759	264 SAND PIPER DR. KISSIMMEE, FL 34759

DO NOT WRITE IN THIS SPACE

04022006 No Chg-P CR2E034 (11/05)

4. FEI Number
87-0709817
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORNATTA, HILDA
264 SAND PIPER DR.
KISSIMMEE, FL 34759

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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 _____ DATE
Signature, type 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, 2006 Fee will be $550.00

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

U00000527035
05/04/06-80098-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TORNATTA, HILDA
STREET ADDRESS	264 SAND PIPER DR.
CITY-ST-ZIP	KISSIMMEE, FL 34759
TITLE	VD
NAME	TORNATTA, PAUL
STREET ADDRESS	264 SAND PIPER DR.
CITY-ST-ZIP	KISSIMMEE, FL 34759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Paul A Tornatta PAUL A TORNATTA 4/17/06 863-427-4213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #