2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2007 08:00 AM Secretary of State

	ANNUAL	REPORT		_	Secre	etary of Stat
	JMENT # P050000577		2	Secre	ciary of Stat	
1. Entity Name DANIEL A TRIPALDI PA						
DANGE	A INI ALDITA			剤 グ		
Principal Pla	ace of Business	Mailing Address	I ,			
108 GLEN EAGLE CIR 108 GLEN EAGLE CIR NAPLES, FL 34104-5713 NAPLES, FL 34104-5713						
INAFELD, I L	. 34104-3713	NAFECS, FE 34104-3713		* III II I I I I I I I I I I I I I I I		41M #20M 1800 BIOS 1868 1 1000
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r	OO NOT WRITE	IN THIS SPA	\CF		No Chg-P CR	2E034 (11/05)
ar Sylva			10 L	4. FEI Number 20-274434	ļ 2	Applied For Not Applicable
i i i i i i i i			Street State	5. Certificate of St		\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				1 so required
FOSTH A	CCOUNTING PA					
501 GOODLETTE RD N			1 500 5 ;	LU N	OT WRI	
D-304 NAPLES, FL 34102				IN TH	IIS SPAC	E
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	e named entity submits this statement for the	e purpose of changing its regist	ered office or regis	stered agent, or both, in	the State of Florida. I	am familiar with, and accept
the obliga	ations of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and ti	itle if applicable (NOTE Regist	ared Agent signature requ	uired when reinstating)	DA'	TE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campa Trust Fund Conf				5.00 May Be Added to Fees		
10.	OFFICERS AND DIR	ECTORS	,			at a street par
TITLE	P TOIDALDI DANIEL A					
NAME STREET ADDRESS	TRIPALDI, DANIEL A 108 GLEN EAGLE CIR					
CITY-ST-ZIP	NAPLES, FL 341045713		Para la la companya di mangana di Para di mangana di man		r Park Barre	
TITLE NAME	•			Level Miller	. 000000088 .na/26/67_6	37434 Moodenin iron on
STREET ADDRESS				4	03/20/01/700	JUCO-UIU IDU.UU
CITY-ST-ZIP				ARTHUR STATE OF THE SERVICES		
TITLE NAME			en granding		to the contract	ga shipiyahir in ta bi
STREET ADDRESS			and the same of the	DON	OT WELL	
CITY-\$T-ZIP				DO N IN TH	W 7 - 7 - 7 - 7 - 7	
TITLE NAME				IN TH	IIS SPAC	
STREET ADDRESS						
CITY+ST+ZIP Title			of the second			
NAME			Water States	الإنجاب الأسيين والمناز	Bright and point	San Maria Carlos San

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8(1-107 2

239-278-5147

Daytime Phone #