2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # P93000021038** 1. Entity Name RICHARD DELL'OLIO, INC. Principal Place of Business Mailing Address 9776 SAN JOSE BOULEVARD 9776 SAN JOSE BOULEVARD SUITE 5 SUITE 5 JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 01142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3170904 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DELL'OLIO, RICHARD DO NOT WRITE 9776 SAN JOSE BLVD. IN THIS SPACE JACKSONVILLE, FL 32257 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 П Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DELL'OLIO, RICHARD NAME 12469 BLUEBERRY CIRCLE WEST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL -U00000334516 04/27/05-80048-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TISLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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