


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000069636
 1. Entity Name
 TOFFALETTI INVESTMENTS, INC.



Principal Place of Business Mailing Address
 1301 RIVERPLACE BLVD 1301 RIVERPLACE BLVD
 SUITE 1609 SUITE 1609
 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3469127 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PEEK, DAVID H
 1301 RIVERPLACE BLVD
 SUITE 1609
 JACKSONVILLE, FL 32207

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

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

U00000374327
 07/25/05-80004-024 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOFFALETTI, JOHN G
STREET ADDRESS	3511 COURTLAND DR
CITY - ST - ZIP	DURHAM, NC 27707
TITLE	D
NAME	TOFFALETTI, LOUIS P
STREET ADDRESS	7524 HANNAH ALEXANDER LN
CITY - ST - ZIP	CHARLOTTE, NC 28227
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 exemption stated in Section 119.07(3)(f), 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: John G Toffaletti July 11, 2005 919-684-4754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOHN G TOFFALETTI