
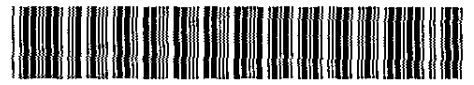


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000098117 1. Entity Name BOLOGNA, INC.	
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Principal Place of Business 3903 POSTRIDGE TRAIL MELBOURNE FL 32934	Mailing Address PO BOX 410686 MELBOURNE FL 32941
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3563883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOLOGNA-GARAGOZLO, PATRICIA E 3903 POSTRIDGE TRAIL MELBOURNE FL 32934	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/>
NAME	BOLOGNA, PAUL J	
STREET ADDRESS	4807 SPRINGWATER CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/>
NAME	BOLOGNA, SALVATORE E	
STREET ADDRESS	PO BOX 410686	
CITY-ST-ZIP	MELBOURNE FL 32941	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000442464	<input type="checkbox"/>	<input type="checkbox"/>
NAME	03/04/06-80017-022 150.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 lists empowered.

SIGNATURE: *Patricia E. Bologna-Garagozlo* **Patricia E. Bologna-Garagozlo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/19/06** Daytime Phone # **321-757-3571**