2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State
08-22-2006 90028 046 ***550.00

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07282006 Chg-P CR2E034 (11/05)

DOCUMENT # 330542

1. Entity Name
LOUIS O. OREZZOLI, P.A.

Principal Place of Business
771 BRIARWOOD DRIVE
DAYTONA BCH, FL 32114

Mailing Address
771 BRIARWOOD DRIVE
DAYTONA BCH, FL 32114

2. Principal Place of Business	3. Mailing Address
515 HEALTH BLVD.	515 HEALTH BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAYTONA BEACH, FL	City & State: DAYTONA BEACH, FL
Zip: 32114-1493 Country: US	Zip: 32114-1493 Country: US

4. FEI Number 59-1296526 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OREZZOLI, LOUIS O 771 BRIARWOOD DRIVE DAYTONA BEACH, FL 32114	Name: same Street Address (P.O. Box Number is Not Acceptable): 515 HEALTH BLVD. City: DAYTONA BEACH FL Zip Code: 32114-1493

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 [signature] DATE 8-1-06
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 6, 2006

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		XX Change ☐ Addition
NAME	OREZZOLI, LOUIS O		NAME		
STREET ADDRESS	771 BRIARWOOD DR		STREET ADDRESS	515 HEALTH BLVD.	
CITY-ST-ZIP	DAYTONA BEACH, FL		CITY-ST-ZIP	DAYTONA BEACH, FL 32114-1493	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 8-1-06 255-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #