



FILED
May 10, 2006 8:00 am
Secretary of State

60038083

[illegible]

04272006 Chg-P CR2E034 (11/05)

DOCUMENT # 668278 1. Entity Name WILLIAM T. DIPAOLO, INC.				05-10-2006 90105 018 ***150.00	
Principal Place of Business 3366 66TH STREET NORTH C/O WILLIAM T. DIPAOLO ST. PETERSBURG, FL 33710		Mailing Address 3366 66TH STREET NORTH C/O WILLIAM T. DIPAOLO ST. PETERSBURG, FL 33710			
2. Principal Place of Business 3820 CARDENAL AVENUE Suite, Apt. #, etc.		3. Mailing Address 3820 CARDENAL AVENUE Suite, Apt. #, etc.		60038083 	
City & State RUSKIN, FL		City & State RUSKIN, FL		4. FEI Number 59-1994839 Applied For <input type="checkbox"/> Not Applicable	
Zip 33573		Zip 33573		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIPAOLO, WILLIAM T. 3366 66TH STREET NORTH ST. PETERSBURG, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3820 CARDENAL AVENUE City RUSKIN FL Zip Code 33573		
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 <i>William T. DiPaolo</i> WILLIAM T. DIPAOLO DATE <i>4/27/2006</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD DIPAOLO, WILLIAM T. 3820 CARDENAL AVENUE RUSKIN, FL 33573 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>William T. DiPaolo</i> WILLIAM T. DIPAOLO Date <i>4-27-06</i> Daytime Phone # <i>3.35 PM</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					