


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 11, 2007 8:00 am**  
**Secretary of State**


09-11-2007 90006 022 \*\*\*\*61.25

<b>DOCUMENT # 714230</b> 1. Entity Name DA VINCI ITALIAN AMERICAN SOCIETY, INC.	
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Principal Place of Business P.O. BOX 541101 MERRITT ISLAND, FL 32954	Mailing Address P.O. BOX 541101 MERRITT ISLAND, FL 32954
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**DO NOT WRITE IN THIS SPACE**

40132071



07192007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

LEE, ORISON  
~~416 BLUE DR~~ 267 Westview Ct  
MELBOURNE, FL ~~32904~~ 32934

**DO NOT WRITE  
IN THIS SPACE**

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 Lee Orrison (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PERTILE, JUDITH 1660 AMBER JACK COURT MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANDREWS, DEE 1700 S ATLANTIC AVE APT 201 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOPP, CHARLES 117 JUNE DRIVE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORRISON, JERRY 267 Westview Ct 416 BLUE DR MELBOURNE, FL <del>32904</del> 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:** Lee Orrison 9-3-07 3212427152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #