

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 8:00 am
Secretary of State

04-28-2005 90162 018 ***150.00

DOCUMENT # F01000001788 1. Entity Name AMALFI ASSOCIATES, INC.					
Principal Place of Business 12 GILFORD EAST DRIVE GILFORD, NH 03246			Mailing Address 12 GILFORD EAST DRIVE GILFORD, NH 03246		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 12765 Forest Hill Blvd. Suite 1302			
City & State 		City & State Wellington, FL		4. FEI Number 04-2705704	
Zip 		Country USA		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 DE MENDOZA, MARIO G III, ESQ 12765 FOREST HILL BLVD STE 1302 WEST PALM BEACH, FL 33414			7. Name and Address of New Registered Agent MARIO G. DE MENDOZA, III, P.A. Street Address (P.O. Box Number is Not Acceptable) 12765 Forest Hill Blvd, Suite 1302 City Wellington FL Zip Code 33414		
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. By <u>MARIO G. DE MENDOZA, III, P.A.</u> Mario G. de Mendoza, III, Pres. 4/21/05 <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	AMALFITANO, MICHAEL L 12 GILFORD EAST DRIVE GILFORD, NH 03246	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HONIG, STEPHEN M 285 FRANKLIN STREET BOSTON, MA 021103192	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MESSINA, JOSEPH 73 PARK AVENUE BLOOMFIELD, NJ 07003	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Mario G. de Mendoza, III</u> 4/26 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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