2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 16, 2007 08:00 All Secretary of State DOCUMENT # F04000004345 1. Entity Name SANTINI HOLDINGS, INC. Principal Place of Business Mailing Address 4133 SW 20TH AVE. 4133 SW 20TH AVE. CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 No Chg-P CR2E034 (11/05) 04122007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1606441 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANTINI, RAY DO NOT WRITE 4133 SW 20TH AVE. CAPE CORAL, FL 33914 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TIFLE SANTINI, RAY NAME STREET ADDRESS 4133 SW 20TH AVE. CITY-ST-ZIP CAPE CORAL, FL 33914 U00000711753 VΡ TITLE 04/26/07-80019-015 150.00 SANTINI, CONNIE NAME 4133 SW 20TH AVE. STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP