

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007520

FILED
Feb 13, 2007
Secretary of State

Entity Name: VIA BERTOLINI, INC.

Current Principal Place of Business:

116 PATTON CT
NICHOLASVILLE, KY 40356

New Principal Place of Business:

Current Mailing Address:

116 PATTON CT
NICHOLASVILLE, KY 40356

New Mailing Address:

FEI Number: 20-2152560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMM, EDWARD R
4344 SE 95TH ST
OCALA, FL 34480 US

Name and Address of New Registered Agent:

NICOLOSI, GIANFRANCO B
4344 SE 95TH ST
OCALA, FL 34480 US

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.

SIGNATURE: GIANFRANCO B. NICOLOSI

02/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: HAMM, RUSSELL
Address: 116 PATTON CT
City-St-Zip: NICHOLASVILLE, KY 40356

Title: COOD (X) Delete
Name: NICOLOSI, GIANFRANCO
Address: 116 PATTON CT
City-St-Zip: NICHOLASVILLE, KY 40356

Title: CFOD () Delete
Name: MOYNIHAN, JOHN
Address: 100 IDLE HOUR DR - UNIT 6
City-St-Zip: LEXINGTON, KY 40502

Title: TS () Delete
Name: MOYNIHAN, JOHN
Address: 100 IDLE HOUR DR - UNIT 6
City-St-Zip: LEXINGTON, KY 40502

Title: D () Delete
Name: BOLTON, GEORGE
Address: 2655 SCOTT ST
City-St-Zip: SAN FRANCISCO, CA 94123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COO (X) Change () Addition
Name: NICOLOSI, GIANFRANCO B
Address: 116 PATTON CT
City-St-Zip: NICHOLASVILLE, KY 40356

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIANFRANCO B. NICOLOSI

COO

02/13/2007

Electronic Signature of Signing Officer or Director

Date