


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # F73619 1. Entity Name DEFIORE ENTERPRISES, INC.	
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Principal Place of Business % STEPHEN DEFIORE P.O. BOX 981 INVERNESS, FL 34451 US	Mailing Address % STEPHEN DEFIORE P.O. BOX 981 INVERNESS, FL 34451 US
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04092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2174628	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**DEFIORE, STEPHEN
U.S. HWY 41 NO.OF INVERNESS MUNICIPAL ARPT
INVERNESS, FL 32650**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEFIORE, STEPHEN POB 981 N/A INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEFIORE, MADELINE POB 981 N/A INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEFIORE, MICHAEL V. POB 981 N/A INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: *Madeline De Fiore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 726-2137
Date Daytime Phone #