2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# F95000004208

Entity Name: DECARLO & DOLL, INC.

Current Principal Place of Business:

1600 SOUTH DIXIE HWY
SUITE 500
BOCA RATON, FL 33432

New Principal Place of Business:

3333 NORTH FEDERAL HWY.
UNIT #1
BOCA RATON, FL 33431

Current Mailing Address:

1600 SOUTH DIXIE HWY
SUITE 500
BOCA RATON, FL 33432

New Mailing Address:

P.O. BOX 597
BOCA RATON, FL 33429

FEI Number: 06-1026918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DECARLO, PETER M
1600 SOUTH DIXIE HWY
SUITE 500
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

DECARLO, PETER M
5400 NORTH OCEAN BLVD.
SEA RANCH VILLA #1
FORT LAUDERDALE, FL 33308 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: _____ 03/15/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DOLL, WILLIAM O	
Address:	366 GREENHILL ROAD	
City-St-Zip:	MADISON, CT 06443	
Title:	DS	( ) Delete
Name:	DECARLO, PETER M	
Address:	5400 NO. OCEAN DR. VILLA #1	
City-St-Zip:	FT. LAUDERDALE, FL 33308	
Title:	DPT	( ) Delete
Name:	ROBERTS, RAYMOND M	
Address:	145 NORTH MAIN STREET	
City-St-Zip:	WALLINGFORD, CT 06942	
Title:	V	( ) Delete
Name:	DEPINO, BARBARA	
Address:	38 KNOX ROAD	
City-St-Zip:	LITCHFIELD, CT 06759	
Title:	V	( ) Delete
Name:	BURNS, PETER	
Address:	2 PROSPECT ST.	
City-St-Zip:	ANSONIA, CT 06401	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DPT	(X) Change ( ) Addition
Name:	ROBERTS, RAYMOND M	
Address:	145 NORTH MAIN STREET	
City-St-Zip:	WALLINGFORD, CT 06492	
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 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 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: PETER M. DECARLO DS 03/15/2005
Electronic Signature of Signing Officer or Director — Date