## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G73607

FILED May 02, 2007 Secretary of State

Entity Name: PELLONI CAPITAL CORPORATION					
Current Principal Place of Business:			New Principal Place of Business:		
SUITE 300					
LAKE MAR	Y, FL 32746	US			
Current Mailing Address:			New Mailing Address:		
SUITE 300	RNATIONAL F 1 Y, FL 32746	PKWY US			
FEI Number:		FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PELLONI, JAMES EDWARD 725 PRIMERA BLVD STE 130 LAKE MARY, FL 32746 US			1515 INTÉRNATIONAL STE 3001	PELLONI, JAMES EDWARD 1515 INTERNATIONAL PKWY STE 3001 HEATHROW, FL 32746 US	
The above in the State		submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: JAMES EDWARD PELLONI				05/02/2007	
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PELLONI, JAM	TIONAL PKWY SUITE 3001	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PELLONI, DOR	TIONAL PKWY SUITE 3001	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PELLONI, BAR	TIONAL PKWY SUITE 3001	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VP ( ) PELLONI, JUS	) Delete TIN	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: DOREEN PELLONI 05/02/2007 S

1515 INTERNATIONAL PKWY SUITE 3001

LAKE MARY, FL 32246

Address:

City-St-Zip: