


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # H24436 1. Entity Name MORELLO ENVIRONMENTAL TECHNOLOGIES, INC.	
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Principal Place of Business 2 HARGROVE GRADE P.O. BOX 351925 PALM COAST, FL 32135	Mailing Address 2 HARGROVE GRADE P.O. BOX 351925 PALM COAST, FL 32135
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2448689	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 CHIUMENTO, MICHAEL D., ESQ. 4 OLD KINGS ROAD N, SUITE B PALM COAST, FL 32137	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORELLO, MICHAEL JR PRES 60 AUDUBON LANE FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MORELLO, JOSEPHINE 60 AUDUBON LANE FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MORELLO, MICHAEL F 9 COACOCHEE DRIVE FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/21/05-80016-005 150.00

**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: <u>Michael Morello, Jr. President</u> 11/3/05 386/445.1439	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		