## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90551 023 \*\*\*150.00

Mailing Address Markers Run N WC 300 AT HE VILLAGE NAPLES, R. 3 3109 US  2. Principal Place of Bealiness  3. Mailing Activess Sulfa, Apt. F. etc.  Sulfa, Ap	DOCUI  1. Entity Nam  TERUZZI	e	# <b>H26581</b> A, INC.						04-18-2005 9	0551 02	3 ***150	0.00
2. Pincipal Placo of Business  3. Malling Address  Suite, Apt. 4. etc.  Suite, Apt. 4. etc.  Suite, Apt. 4. etc.  Suite, Apt. 4. etc.  City & State  A. FEI Number  S. Scald-6867  None and Address of Current Registered Agent  TAL BOTT, ALAN  4330 CULTS HORE ELIVD N  ROPE COUNTY  Service Address (P.O. Sox Number is Not Acceptable)  City FL  Zip Code  8. The above named ently submits intererent for the purpose of changing its registered diffice or registered agent, or both, in the State of Florads. I am familier with, and accept the obligations of registered agent.  SIGNATURE  Signature (P.O. Sox Number is Not Acceptable)  PDST  TALBOTT, ALAN  4330 CULTS HORE ELIVD N  ROPE CREEGOM (1003)  Name  Service Address (P.O. Sox Number is Not Acceptable)  City FL  Zip Code  R. The obligations of registered agent, or both, in the State of Florads. I am familier with, and accept the obligations or registered agent, or both, in the State of Florads. I am familier with, and accept the obligations or registered agent, or both, in the State of Florads. I am familier with, and accept the obligations or registered agent, or both, in the State of Florads. I am familier with, and accept the obligations or registered agent, or both, in the State of Florads. I am familier with, and accept the obligations or registered agent, or both, in the State of Florads. I am familier with, and accept the obligations or registered agent, or both, in the State of Florads. I am familier with, and accept the obligations or registered agent, or both, in the State of Florads. I am familier with, and accept the obligations or registered agent, or both, in the State of Florads. I am familier with, and accept the obligation or registered agent, or both, in the State of Florads. I am familier with, and accept the obligation or registered agent, or both, in the State of Florads. I am familier with, and accept the obligation or registered agent, or both, in the State of Florads. I am familier with, and	4330 GULFSHORE BLVD N #C-300 AT THE VILLAGE				4330 GULFSHORE BLVD. N C-300 THE VILLAGE							
Suite, Apt. #, etc.    Suite, Apt. #, etc.   City & State   City & City						U3						
City & State    City & State   City & State   City & State   Sp. 245.4687								1				
Solidation   Sol										CR2E03		ation of For
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Stone Address of New Registered Agent  9. Selection Carrent		е	<del></del>						•		No	Applicable
Name    Street Address (P.O. Bow Number is Not Acceptable)	Zip ——		Country	Zir	)	— Cour	itry—————	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Curren	t Registe	red Agent	<del></del>	Name	7. Name and	d Address of New Re	gistered A	gent	<del></del>
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am famillar with, and accept the eologations of registered agent.    Signature	4330 GULI	FSHORE	_			Street Address (P.O. Box Number is Not Acceptable)						
The obligations of registered agent.  SIGNATURE  SIGNAT							City			FL	Zip Code	)
Continue				or the pur	pose of changing its	register	ed office or register	red agent, or bo	oth, in the State of Flor	ida. I am fa	ımillar with,	and accept
### PLE IS \$150.00 ### Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1    ITTLE	SIGNATURE_	Signature, lyped	or printed name of registered agen	l and title if a	opticable. (NOTI	E: Registere	d Agent signature required	when reinstating)		DATE		
TITLE NAME TALBOTT, ALAN TALBOTT, ALAN STRET ARCESS CITY-ST-2IP  NAPLES, FL 34109  Delde  TILE NAME STRET ARCHESS CITY-ST-2IP  TILE NAME STRET ARCHESS CITY-ST-	É	É NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550	.00				.00 May Be led to Fees				•
TALBOTT, ALAN 4330 GULF-SHORE BLVD N #C-300 STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE Delete TITLE TI		DOCT	OFFICERS AND	DIRECT				ADDITIONS	/CHANGES TO OFFIC	CERS AND		
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TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   NAME   STREET ADDRESS   TITLE   NAME   STREET ADDRESS   TITLE   NAME   TITLE	TITLE NAME STREET ADDRESS		<del>2</del> _		- Delete	NAM STRE	E EET ADORESS		· · ·		Change :	≒
TITLE NAME STREET ADDRESS CITY- ST-ZIP  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:	TITLE NAME STREET ADDRESS				☐ Delete	TITL NAM STRE	E IE EET ADDRESS				☐ Change	Addition
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	indicated of the cor changed	I on this repo rporation or t , or on an att	nt or supplemental report he receiver or trustee em achment with an address	is true an cowered t , with all o	d accurate and that roo execute this report the like empowered	my signa as requi	ture shall have the ired by Chapter 60	same legal effe	ct as if made under or	ath; that I ar appears in	n`an officer Block 10 or	or director