


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H44449</b>		
1. Entity Name <b>SIGNORELLI DEVELOPMENT AND INVESTMENT GROUP, INC.</b>		
Principal Place of Business <b>9181 85TH AVE NORTH SEMINOLE, FL 33777 US</b>	Mailing Address <b>9181 85TH AVE NORTH SEMINOLE, FL 33777 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SIGNORELLI, PATRICK C. 9181 85TH AVE. N. SEMINOLE, FL 33777</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>N/A</u> (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) <u>N/A</u> DATE <u>N/A</u>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000531098 05/06/06-80025-022 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIGNORELLI, PATRICK C. 9181 85TH AVE NORTH SEMINOLE, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SIGNORELLI, LOUISE H. 9181 85TH AVE NORTH SEMINOLE, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>PATRICK C. SIGNORELLI</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-10-06</u> Daytime Phone # <u>(727) 398-1032</u>