2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# H80548

Entity Name: CICCARELLI ADVISORY SERVICES, INC.

Current Principal Place of Business:

3066 TAMIAMI TRAIL NORTH
SUITE 202
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

3066 TAMIAMI TRAIL NORTH
SUITE 202
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2596081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANTOR, KIM CICCARELLI
3066 TAMIAMI TRAIL NORTH
SUITE 202
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PT	( ) Delete
Name:	KANTOR, KIM CICCARELLI	
Address:	3066 TAMIAMI TRAIL NORTH, SUITE 202	
City-St-Zip:	NAPLES, FL 34103 US	
Title:	VS	( ) Delete
Name:	CICCARELLI, RAYMOND	
Address:	110 LINDEN OAKS, SUITE E	
City-St-Zip:	ROCHESTER, NY 14625 US	
Title:	V	( ) Delete
Name:	CICCARELLI, PAUL F	
Address:	3066 TAMIAMI TRAIL NORTH, SUITE 202	
City-St-Zip:	NAPLES, FL 34103 US	
Title:	V	( ) Delete
Name:	RAPPS, JILL C	
Address:	3066 TAMIAMI TRAIL NORTH, SUITE 202	
City-St-Zip:	NAPLES, FL 34103 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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.

SIGNATURE: KIM CICCARELLI KANTOR MGR 01/18/2008

Electronic Signature of Signing Officer or Director — Date