2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# J43189

Entity Name: APPLIANCE DOCTOR OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

% MICHAEL MANNINO
851 STATE RD. 436, STE. 1053
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

% MICHAEL MANNINO
304 STERLING ROSE COURT
APOPKA, FL 32703 US

Current Mailing Address:

% MICHAEL MANNINO
851 STATE RD. 436, STE. 1053
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

% MICHAEL MANNINO
304 STERLING ROSE COURT
APOPKA, FL 32703 US

FEI Number: 59-2815637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANNINO, MICHAEL
304 STERLING ROSE CT.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

MANNINO, MICHAEL
304 STERLING ROSE COURT
APOPKA, FL 32703 US

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: MICHAEL MANNINO 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete
Name: MANNINO, MICHAEL
Address: 304 STERLING ROSE CT.
City-St-Zip: APOPKA, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change ( ) Addition
Name: MANNINO, MICHAEL
Address: 304 STERLING ROSE CT.
City-St-Zip: APOPKA, FL 32703 US

Title: VP ( ) Change (X) Addition
Name: VITALE, MICHAEL
Address: 1251 DEER LAKE CIRCLE
City-St-Zip: APOPKA, FL 32712 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL MANNINO PDC 04/29/2005
Electronic Signature of Signing Officer or Director Date