2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# K44856

Entity Name: TOSCANELLI AMERICA, INC.

Current Principal Place of Business:

C/O MARIO M. MOROSI
3500 N. HIGHWAY 17-92 SUITE 128
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1114 SHAFFER TRL
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-2919319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOROSI, MARIO M.
3500 N. HIGHWAY 17-92 SUITE 128
LAKE MARY, FL 32746 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: D ( ) Delete
Name: MOROSI, MARIO M.,
Address: 1114 SHAFFER TRAIL
City-St-Zip: OVIEDO, FL

Title: D ( ) Delete
Name: MOROSI, EVITA M.,
Address: 1114 SHAFFER TRAIL
City-St-Zip: OVIEDO, FL

Title: M ( ) Delete
Name: MOROSI, EZIO M
Address: 1114 SHAFFER TRAIL
City-St-Zip: OVIEDO, FL

Title: S ( ) Delete
Name: MOROSI, AUGUSTA I
Address: 1114 SHAFFER TRAIL
City-St-Zip: OVEIDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MOROSI, MARIO M.,
Address: 1114 SHAFFER TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change ( ) Addition
Name: MOROSI, EVITA M.,
Address: 1114 SHAFFER TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: M (X) Change ( ) Addition
Name: MOROSI, EZIO M
Address: 1114 SHAFFER TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: S (X) Change ( ) Addition
Name: MOROSI, AUGUSTA I
Address: 1114 SHAFFER TRAIL
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIO M MOROSI D 01/30/2007
Electronic Signature of Signing Officer or Director Date