


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # L19567
 1. Entity Name
FELICE ITALIAN PORK STORE AND DELI, INC.



Principal Place of Business 29263 US 19 NORTH CLEARWATER, FL 33761	Mailing Address 29263 US 19 NORTH CLEARWATER, FL 33761
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2968837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 D'ELIA, FELICE
 29263 US 19TH NORTH
 CLEARWATER, FL 33761

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'ELIA, FELICE 29263 US HWY 19TH N. CLEARWATER FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MVP D'ELIA, GABRIELLA 29263 US 19 N. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D'ELIA, MARCO 3210 CLOVER PLACE DRIVE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOMAN, EDWARD 2066 SUNSET GROVE LANE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D'ELIA, TOMMASO 2066 SUNSET GROVE LANE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/29/07-80061-024 150.00

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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: Felice D'Elia **3 19 07 727 7857502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #