2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L20481

Entity Name: TOMASELLO & ASSOCIATES, INC.

FILED Jun 29, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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6951 PISTOL RANGE RD TAMPA, FL 33635

Current Mailing Address: New Mailing Address:

6951 PISTOL RANGE RD TAMPA, FL 33635

FEI Number: 59-2973570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLENNER, WALTER W., ESQ.
2708 ALT. 19 NORTH
SUITE 701
PALM HARBOR, FL 34683 US
STERN, RYAN
1111 BRICKELL AVENUE
SUITE 1100
MIAMI, FL 33131 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: RYAN STERN 06/29/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: TOMASELLO, PETER A Name: SWANSON, STEVE

 Name:
 TOMASELLO, PETER A
 Name:
 SWANSON, STEVE

 Address:
 11917 KEATING DR
 Address:
 1111 BRICKELL AVENUE #1100

City-St-Zip: TAMPA, FL City-St-Zip: MIAMI, FL 33131

Title: VD () Delete Title: TDS (X) Change () Addition
Name: TOMASSELLO, PETER L Name: SCHAER, ALFRED

 Name:
 TOMASSELLO, PETER L
 Name:
 SCHAER, ALFRED

 Address:
 5521 REFLECTIONS BLVD
 Address:
 816 CASTILE AVENUE

 City-St-Zip:
 TAMPA, FL
 City-St-Zip:
 CORAL GABLES, FL 33134

Title: TDS (X) Delete Title: () Change () Addition

 Name:
 THOMPSON, É PAUL,
 Name:

 Address:
 13128 TIFTON DR
 Address:

 City-St-Zip:
 TAMPA, FL
 City-St-Zip:

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: ALFRED SCHAER TDS 06/29/2005