2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L76521

Address:

City-St-Zip:

Entity Name: CIMORELLI & ASSOCIATES, INC

33 SOUTHEAST 7TH ST., STE. B

BOCA RATON, FL 33432

FILED Apr 22, 2005 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
33 SOUTHEAST 7TH ST., STE. B BOCA RATON, FL 33432			STE. B	33 SOUTHEAST 7TH ST. STE. B BOCA RATON, FL 33432	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	HEAST 7TH ST TON, FL 3343				
FEI Number	: 65-0200814	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
3384 NW 2 BOCA RA	LI, MICHAEL 23RD COURT TON, FL 3343		ourpose of changing its registered	d office or registered agent, or both,	
	e of Florida.	submitted the etatement for the p	var pode of officing its registeres	a omeo or regiotered agent, or bear,	
SIGNATUR					
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () CIMORELLI, M 3384 NW 23RE BOCA RATON,	OCT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BENAVENTE, É	T 7TH ST., STE. B	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () MESSINA. CHR	Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL CIMORELLI PD 04/22/2005