REVISED

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M09500

1. Entity Name
ARMELLINI INDUSTRIES, INC.

FILED
08 OCT -6 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3446 SW ARMELLINI AVE P.O BOX 678 PALM CITY, FL 34990	3446 SW ARMELLINI AVE P.O BOX 678 PALM CITY, FL 34990

01162008 Cltg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2492304 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NICHOLASON, JOHN J. 3446 SW ARMELLINI AVE. PALM CITY, FL. 34990	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ARMELLINI, JULIO 1930 SW CRANE CREEK AVE PALM CITY, FL 34990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 700136750157 10/08/08--01035--009 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUSHARM, JUDITH R 7230 SW DYER POINT RD PALM CITY, FL 34990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DRURY, JEFFREY 16227 SW 2 WOOD WAY INDIANTOWN, FL 34956 ☒ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ARMELLINI, RICHARD 5420 VIA OLAS NEWBURY PARK, CA 91320 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARMELLINI, SARAH 1930 SW CRANE CREEK AVE PALM CITY, FL 34990 ☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARMELLINI, DAVID 611 NW SUNSET DR STUART, FL 34994 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD NICHOLASON, JOHN J. 1149 SW HOGAN ST PT ST LUCIE, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Armellini, Stephen 10510 Paris Street Cooper City, FL 33026 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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: John J. Nicholason Authority Trustee John J. Nicholason, STD 772-287-0575

Revised as of Date 9/25/08 Daytime Phone