


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90014 043 \*\*\*\*70.00

<b>DOCUMENT # N35423</b>	
1. Entity Name <b>ORDER SONS OF ITALY IN AMERICA PORT ST. LUCIE LODGE NO. 2594, INC.</b>	

Principal Place of Business <b>765 SW DALTON CIR PORT ST LUCIE FL 34953 US</b>	Mailing Address <b>765 SW DALTON CIR PORT ST LUCIE FL 34953 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>PSL Sons of ITALY LODGE 2594</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>P.O. Box 881045</b>
City & State	City & State <b>PORT ST LUCIE, FL</b>
Zip	Country <b>34988-1045 USA</b>



1st MOORE CR2E037 (10/06)

4. FEI Number <b>65-0184225</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>DEDOMINICIS, L. DONALD 3781 SAGE CT PORT SAINT LUCIE FL 34-9852</b>
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7. Name and Address of New Registered Agent
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 <i>J. Donald De Dominicis</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)
DATE <i>May 10, 2007</i>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIGIOVANNI, BERNARD 702 SW ARVEDA BAY PORT SAINT LUCIE FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTO, RICHARD 477 SW SANCTUARY PL PORT SAINT LUCIE FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MASSA, MARLENE 354 NW SPRINGVIEW LOOP PORT SAINT LUCIE FL 34986 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FS MASSA, ALBERT 354 NW SPRINGVIEW LOOP PORT SAINT LUCIE FL 34986 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR DEDOMINICIS, L. DONALD 3781 SAGE CT PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S PAULA GENCO 2897 CABANA LN PORT ST. LUCIE, 34952</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>FS NICHOLAS PASSARIELLO 437 SW DORCHESTER ST PORT ST. LUCIE, FL 34983</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: <i>J. Donald De Dominicis Treas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>May 10, 2007</i> Date Daytime Phone #