


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # N46730 1. Entity Name ITALIAN-AMERICAN CLUB OF TALLAHASSEE, INC.	
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Principal Place of Business 2310 TRESCOTT DR TALLAHASSEE, FL 32308 US	Mailing Address ITALIAN-AMERICAN CLUB P. O. BOX 12354 TALLAHASSEE, FL 32317-2354 US
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04072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3175085	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 SPALLA, ANTHONY 2310 TRESCOTT DRIVE TALLAHASSEE, FL 32312	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ECHTERNACHT, KENNETH
STREET ADDRESS	3220 SHARER ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VP
NAME	VENTRE, FRANCIS
STREET ADDRESS	3007 SHAMROCK NORTH #4
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	T
NAME	RICHARDS, STEVE
STREET ADDRESS	2424 POTTS ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	MARTOCCI, SAL
STREET ADDRESS	4702 HIGH GROVE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	D
NAME	SUSIE, DEBRA
STREET ADDRESS	16010 SUNRAY ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	D
NAME	LUPU, FRANK
STREET ADDRESS	9012 SHORAL CREEK DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312

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05/06/06-80114-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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:  **Kenneth Echternacht** **President** **4-18-2006** **850-385-403**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #