2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003942

City-St-Zip:

CLEARWATER, FL 33762

Entity Name: LE ITALO-AMERICANE DI OGGI, INC.

FILED Apr 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1746 PRINCE PHILLIP ST CLEARWATER, FL 33755 **Current Mailing Address: New Mailing Address:** PO BOX 7487 CLEARWATER, FL 33758 FEI Number: 59-3202774 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: ABELA, BARBARA A 1746 PRINCE PHILIP ST US CLEARWATER, FL 33755 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ABELA, BARBARA A PRESIDE Name: Name: 1748 PRINCE PHILLIP STREET Address: Address: City-St-Zip: CLEARWATER, FL 33755 US City-St-Zip: Title: () Delete Title: (X) Change () Addition COOPERSMITH, JOYCE VICE-PR Name: GRABIANOUSKI, LOUISE VICE-PR Name: Address: 2405 RUTLAND LANE Address: 1331 SUMMERLIN DR. City-St-Zip: CLEARWATER, FL 33763 US City-St-Zip: CLEARWATER, FL 33764 US Title: SECT () Delete Title: SECT (X) Change () Addition CALABRESE, JULIE SECRETA WALLER, SHEILA SECRETA Name: Name: Address: 6213 VISTA VERDE DRIVE Address: 468 #19 LAKEVIEW DR. City-St-Zip: GULFPORT, FL 33707 US City-St-Zip: PALM HARBOR, FL 34683 US Title: TREA () Delete Title: () Change () Addition COSENZA, CAROLE A TREASUR Name: Name: 5185 KERNWOOD COURT Address: Address: City-St-Zip: PALM HARBOR, FL 34685 US City-St-Zip: Title: () Delete Title: () Change () Addition ERLINGER, JENNIFER PARLIAM Name: Name: 2333 FEATHER SOUND DRIVE C-607 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BARBARA ABELA PRES 04/18/2007