


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90108 009 ****70.00

DOCUMENT # N93000003942	
1. Entity Name LE ITALO-AMERICANE DI OGGI, INC.	

Principal Place of Business 1746 PRINCE PHILLIP ST CLEARWATER, FL 33755	Mailing Address PO BOX 7487 CLEARWATER, FL 33758
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 59-3202774	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	
ABELA, BARBARA A 1746 PRINCE PHILIP ST CLEARWATER, FL 33755	

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ABELA, BARBARA A PRESIDE 1748 PRINCE PHILLIP STREET CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRABIANOUSKI, LOUISE VICE-PR 1331 SUMMERLIN DR. CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT WALLER, SHEILA SECRETA 468 #19 LAKEVIEW DR. PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Seat Mary Ann Buckley 3309 Conna Bridge Dr. E Dunedin, FL 34698</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA COSENZA, CAROLE A TREASUR 5185 KERNWOOD COURT PALM HARBOR, FL 34685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Treasurer Josephine Canbone 2678 Country Club Dr. Clearwater FL 33761</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAL ERLINGER, JENNIFER PARLIAM 2333 FEATHER SOUND DRIVE C-607 CLEARWATER, FL 33762 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Philomena Julie Calabrese 6213 Vista Verde Dr. Sulphur AL 33707</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: 

Signature and typed or printed name of signing officer or director

1/10/08 *727-796-4611*
Date Daytime Phone #