


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

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90009 022 ****61.25

DOCUMENT # N96000005474	
1. Entity Name ITALIAN CLUB, LADIES AUXILIARY, INC.	

Principal Place of Business 4702 DUNNIE DR TAMPA FL 33614 US	Mailing Address 4702 DUNNIE DR TAMPA FL 33614 US
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2. Principal Place of Business - No P.O. Box # 6016 N. GUNLOCK AVE	3. Mailing Address 6016 N. GUNLOCK AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State TAMPA, FLORIDA	City & State TAMPA, FLORIDA
Zip 33614	Zip 33614
Country USA	Country USA

4. FEI Number 59-3427336	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 PERRONE, ROSALIE 1729 7TH AVENUE EAST TAMPA FL 33605	7. Name and Address of New Registered Agent Name PATRICIA HEATH Street Address (P.O. Box Number is Not Acceptable) 6016 N GUNLOCK AVE City TAMPA FL Zip Code 33614
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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 PATRICIA HEATH Patricia Heath 2/3/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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	P PERRONE, ROSALIE 4702 DUNNIE DR TAMPA FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PRESIDENT PATRICIA HEATH 6016 N. GUNLOCK AVE TAMPA, FLORIDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D CAMPISI, GRACE 3301 CORONA ST TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Treasurer LUCY HERMAN 10605 Carrollbrook Lane TAMPA, Florida 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D PELLEGRINO, ANGIE 7403 CELESTE LANE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VICE PRESIDENT ROSE BARBIE 9802 Thornridge Rd TAMPA, FLORIDA 33612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D TRAINA, PHYLIS 8310 PALMA VISTA LANE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Secretary Rose Ciccarello 7025 PELICAN ISLAND TAMPA FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T CAMPO, LORETTA 522 GARRARD TAMPA FL 33617 <input checked="" 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	V HEATH, PATRICIA 6016 NORTH GUNLOCK TAMPA FL 33614 <input checked="" 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 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: Patricia Heath - PATRICIA HEATH 2/3/07 813-874-2897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #