

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018587

FILED
Jan 21, 2008
Secretary of State

Entity Name: AGOSTINO'S DESIGN GROUP, INC.

Current Principal Place of Business:

3066 N. TAMIAMI TRAIL
SUITE #201
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

3066 N. TAMIAMI TRAIL
SUITE #201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3692377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCIACQUA, GUS
3078 N. TAMIAMI TRAIL
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCIACQUA, GUS
Address: 136 HICKORY RD.
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: SCIACQUA, PHILIP
Address: 136 HICKORY RD.
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: SCIACQUA, DAVID
Address: 1707 TRIANGLE PALM TERRACE
City-St-Zip: NAPLES, FL 34119

Title: V () Delete
Name: DOWNEY, SONDR
Address: 3215 GULF SHORE BLVD. N. #202N
City-St-Zip: NAPLES, FL 34103

Title: STD (X) Delete
Name: MATHEWS, KIT
Address: 1074 BRIARWOOD BLVD.
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change () Addition
Name: SCIACQUA, GUS
Address: 136 HICKORY RD.
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SCIACQUA, DAVID
Address: 136 HICKORY RD
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change () Addition
Name: DOWNEY, SONDR
Address: 3215 GULF SHORE BLVD. N. #510
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUS SCIACQUA

MR.

01/21/2008

Electronic Signature of Signing Officer or Director

_____ Date