2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# P00000018587

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

OFFICERS AND DIRECTORS:

Title:	VS	( ) 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:	P	( ) Delete
Name:	SCIACQUA, DAVID	
Address:	2105 AMARGO WAY	
City-St-Zip:	NAPLES, FL 34119	
Title:	S	( ) Delete
Name:	OBERLIN, PEGGY	
Address:	5710 STARGRASS LN	
City-St-Zip:	NAPLES, FL 34116	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	KIRBY, KARA	
Address:	3225 LA COSTA CICLE #205	
City-St-Zip:	NAPLES, FL 34105	

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: DAVID SCIACQUA P 10/14/2009

Electronic Signature of Signing Officer or Director — Date