


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90044 024 ***158.75

DOCUMENT # P00000019855

1. Entity Name
DONGILI INVESTMENT GROUP, INC.



Principal Place of Business Mailing Address
5563 MARQUESAS CIR **P OB OX 49407**
SARASOTA, FL 34233 **SARASOTA, FL 34230**

40021103



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
65-0995293 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANTOSTASI, PAUL 5563 MARQUESAS CIR SARASOTA, FL 34233		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANTOSTASI, PAUL			NAME			
STREET ADDRESS	3651 TORREY PINES BLVD.			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34238			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANTOSTASI, ROSE			NAME			
STREET ADDRESS	3651 TORREY PINES BLVD.			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34238			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Snyder, Gina		
STREET ADDRESS				STREET ADDRESS	5753 Stone Pointe D		
CITY-ST-ZIP				CITY-ST-ZIP	Sarasota, FL 34233		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 607, 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: *Gina M Snyder* *1/18/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #