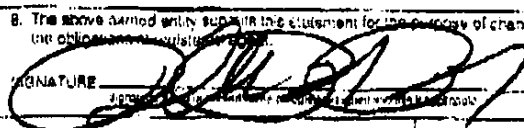
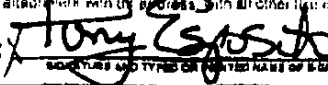


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90025 047 ***150.00

DOCUMENT # P00000091180					
1. Entity Name TONY ESPOSITO, INC.					
Principal Place of Business 418 55TH AVE. ST. PETE BEACH, FL 33706			Mailing Address 418 55TH AVE. ST. PETE BEACH, FL 33706		
3. Principal Place of Business Suite, Apt. #, etc.			5. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent PAUL HENRY LEE ESG 412 EAST MADISON STREET SUITE 4111 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name: ROSALBA RINALDO PAUL, CPA Street Address (P.O. Box Number is Not Acceptable): 4016 HENDERSON BLVD. STE N City: TAMPA FL Zip Code: 33634		
8. The above named entity supports the 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 obligation of, the registered agent.					
SIGNATURE: 		ROSALBA RINALDO PAUL, CPA 1/13/06 (NOTE: Registered Agent signature required when filing)			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 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:		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ESPOSITO, TONY		NAME		
STREET ADDRESS	418 55TH AVENUE		STREET ADDRESS		
CITY, ST, ZIP	ST. PETE BEACH, FL 33706		CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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 110, Florida Statutes. I further certify that the information indicated on this report of annual 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 individual or individuals empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 or Block 12 or on an attached sheet with the report, with all other persons empowered.					
SIGNATURE: 		PRESIDENT x Jan 15, 2006			
SIGNATURE AND TYPE OR PRINTED NAME OF BANKS OFFICER OR DIRECTOR					