FILED
Jan 20, 2006 8:00 am
Secretary of State
01-20-2006 90025 047 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3675519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PAUL, HENRY LEE ESQ.~~
~~412 EAST MADISON STREET~~
~~SUITE 1111~~
~~TAMPA, FL 33602~~

7. Name and Address of New Registered Agent

Name ROSELLA RINALDO PAUL, CPA
Street Address (P.O. Box Number is Not Acceptable) 4016 HENDERSON BLVD. STE N
City TAMPA FL Zip Code 33629

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 [signature] ROSELLA RINALDO PAUL, CPA 1/13/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESPOSITO, TONY 418 55TH AVENUE ST. PETE BEACH, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: X Tony Esposito PRESIDENT X Jan. 15, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #