

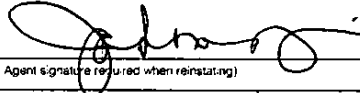
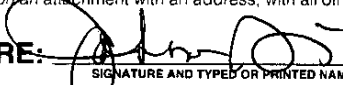


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90173 016 ***150.00

DOCUMENT # P00000097478 1. Entity Name REBEL & PELLEGRINI, INC.					
Principal Place of Business 2001 SOUTH MCCALL RD, SUITE A ENGLEWOOD, FL 34223			Mailing Address 2001 SOUTH MCCALL RD, SUITE A ENGLEWOOD, FL 34223		
2. Principal Place of Business 2651 PLACIDA RD Suite, Apt. #, etc. SUITE B		3. Mailing Address 2651 PLACIDA RD Suite, Apt. #, etc. SUITE B			
City & State ENGLEWOOD, FL		City & State ENGLEWOOD, FL		4. FEI Number 65-1053185	
Zip 34224		Country Charlotte		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PELLEGRINI, JOHNA 2001 SOUTH MCCALL RD, SUITE A SUITE A ENGLEWOOD, FL 34223				7. Name and Address of New Registered Agent Name PELLEGRINI, JOHNA Street Address (P.O. Box Number is Not Acceptable) 2651 PLACIDA ROAD SUITE B City ENGLEWOOD FL Zip Code 34224	
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 Johna J. Pellegrini V. President  4-7-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO REBEL, PATRICIA E <input type="checkbox"/> Delete 2050 ESSENCE AVE. ENGLEWOOD, FL 34224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLEGRINI, JOHNA J <input type="checkbox"/> Delete 7384 QUARRY ST. ENGLEWOOD, FL 34224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  V. President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/7/2005 941.697.1588 <small>Date Daytime Phone #</small>		