

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000103918

1. Entity Name
MONTELLANO, INC.



Principal Place of Business
**255 S. ORANGE AVE., STE. 1700
ORLANDO, FL 32801**

Mailing Address
**255 S. ORANGE AVE., STE. 1700
ORLANDO, FL 32801**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3680668	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSS, THOMAS T
255 S. ORANGE AVE., STE. 1700
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	AUFSEESSER, ERNST
STREET ADDRESS	20, CH. COLLADON, CH - 1209 GENEVA
CITY-ST-ZIP	SWITZERLAND,

TITLE	TD
NAME	KURZ, PETER
STREET ADDRESS	35, CH. DE LA SEYMAZ, CH - 1253 VANDOEUVES
CITY-ST-ZIP	SWITZERLAND,

TITLE	D
NAME	WEBER, JEAN-PIERRE
STREET ADDRESS	BELCHENSTRASSE 19, CH - 4054 BASEL
CITY-ST-ZIP	SWITZERLAND,

TITLE	PD
NAME	ROSS, THOMAS T
STREET ADDRESS	255 S. ORANGE AVE., STE. 1700
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	V
NAME	SAATHOFF, DWIGHT D
STREET ADDRESS	255 S. ORANGE AVE.
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80039-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06
Date

Daytime Phone #