

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000103918	
1. Entity Name MONTELLANO, INC.	



FILED

2007 APR -9 PM 12:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business 255 S. ORANGE AVE., STE. 1700 ORLANDO, FL 32801	Mailing Address 255 S. ORANGE AVE., STE. 1700 ORLANDO, FL 32801
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2. Principal Place of Business - No P.O. Box # 420 S. Orange Ave.	3. Mailing Address 420 S. Orange Ave.
Suite, Apt. #, etc. Suite 1200	Suite, Apt. #, etc. Suite 1200
City & State Orlando, FL	City & State Orlando, FL
Zip 32801	Country US

02232007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent ROSS, THOMAS T 255 S. ORANGE AVE., STE. 1700 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 E. Park Ave. City Tallahassee FL Zip Code 32301	
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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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4-9-07 (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AUFSEESSER, ERNST 20, CH. COLLADON, CH - 1209 GENEVA SWITZERLAND, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KURZ, PETER 35, CH. DE LA SEYMAZ, CH - 1253 VANDŒUVES SWITZERLAND, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, JEAN-PIERRE BELCHENSTRASSE 19, CH - 4054 BASEL SWITZERLAND, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, THOMAS T 255 S. ORANGE AVE., STE. 1700 ORLANDO, FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAATHOFF, DWIGHT D 255 S. ORANGE AVE. ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700097570257 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/19/07--01032--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ross Thomas T. Suite 1200, 420 S. Orange Ave Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/19/07 Daytime Phone #