

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019346

Entity Name: ITALPRESSE U.S.A., INC.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

26520 MALLARD WAY
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

26520 MALLARD WAY
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-1076723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORTMAYER, DAVID
356 MARACA STREET
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

ORTMAYER, DAVID COO
356 MARACA STREET
PUNTA GORDA, FL 33983 US

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.

SIGNATURE: DAVID ORTMAYER

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: ORTMAYER, DAVID
Address: 356 MARACA STREET
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: TREA () Delete
Name: SALA, ALESSANDRO
Address: VIA DELLE GROANE, 15
City-St-Zip: BAGNATICA, BG 24060 IT

Title: PRES () Delete
Name: SALA, ALBERTO
Address: VIA DELLE GROANE, 15
City-St-Zip: BAGNATICA, BG 24060 IT

Title: VP () Delete
Name: SALA, ALESSANDRO
Address: VIA DELLE GROANE, 15
City-St-Zip: BAGNATICA, BG 24060 IT

Title: SECR () Delete
Name: SALA, ALBERTO
Address: VIA DELLE GROANE, 15
City-St-Zip: BAGNATICA, BG 24060 IT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ORTMAYER

COO

03/16/2009

Electronic Signature of Signing Officer or Director

Date