


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000023780 1. Entity Name MAZZARELLA BUILDING TECHNOLOGY, INC.	
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Principal Place of Business 649 BOW LINE DR. NAPLES, FL 34103	Mailing Address 649 BOW LINE DR. NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3705699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <i>Excluded</i>	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FILIPPO, N. PAUL ESQ. 1100 5TH AVE. SOUTH, SUITE 405 NAPLES, FL 34102

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000786551 01/17/08-80045-007 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAZZARELLA, DONALD 649 BOW LINE DR. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAZZARELLA, SHAWN 649 BOW LINE DR. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAZZARELLA, LINDA 649 BOW LINE DR. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: *Linda Mazzarella* **1/10/08** **(239) 273-9946**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #