

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000034852 1. Entity Name FESTA ENTERPRISES, INC.	
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Principal Place of Business 5925 TARPON GARDENS CIRCLE #101 CAPE CORAL, FL 33914	Mailing Address 5929 TARPON GARDENS CIRCLE #101 CAPE CORAL, FL 33914
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1091073	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FESTA, DELORES 5929 TARPON GARDENS CIRCLE #101 CAPE CORAL, FL 33914

**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.	U00000570026 07/13/06-80012-021 150.00
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FESTA, THEODORE 5925 TARPON GARDENS CIRCLE #101 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FESTA, DELORES 5925 TARPON GARDENS CIRCLE #101 CAPE CORAL, FL 33914
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: <u>Dolores Festa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>7-10-06</u>	Daytime Phone #: <u>565 3846</u> <small>239-</small>