

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90302 040 \*\*\*150.00

<b>DOCUMENT # P01000059285</b> 1. Entity Name <b>D'AGOSTINO REAL ESTATE ADVISORS, INC.</b>					
Principal Place of Business <b>330 S PINEAPPLE AVENUE STE 201 SARASOTA, FL 34236</b>			Mailing Address <b>330 S PINEAPPLE AVENUE STE 201 SARASOTA, FL 34236</b>		
2. Principal Place of Business <i>330 S. Pineapple Ave.</i> Suite, Apt. #, etc. <i>Suite 102</i> City & State <i>Sarasota, FL</i> Zip <i>34236</i> Country <i>USA</i>		3. Mailing Address <i>330 S. Pineapple Ave.</i> Suite, Apt. #, etc. <i>Suite 102</i> City & State <i>Sarasota, FL</i> Zip <i>34236</i> Country <i>USA</i>			
01172005 Chg-P CR2E034 (10/03)		4. FEI Number <b>65-1119409</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>D'AGOSTINO, KENNETH 2500 COLONY TERRACE SARASOTA, FL 34239</b>	
7. Name and Address of New Registered Agent Name <i>Kenneth D'Agostino</i> Street Address (P.O. Box Number is Not Acceptable) <i>1834 Morris Street</i> City <i>Sarasota</i> <b>FL</b> Zip Code <i>34239</i>				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>Kenneth D'Agostino</i> <b>4-13-05</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PVST D'AGOSTINO, KENNETH E 1834 MORRIS STREET SARASOTA, FL 34239</b>		<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Kenneth D'Agostino</i> <b>4-13-05</b> <b>941-954-4222</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					