

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Jan 26, 2006 8:00 am
Secretary of State**

01-26-2006 90048 001 ***150.00

DOCUMENT # PO100007718
1. Entity Name
NANCY A DATTILO PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2822 GREY OAKS BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State TARPON SPRINGS, FL		City & State	
Zip 34668	Country	Zip	Country

60006757

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4. FEI Number 59-3747640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name NANCY A. DATTILO
Street Address (P.O. Box Number is Not Acceptable) 2822 GREY OAKS BLVD
City TARPON SPRINGS
State FL
Zip Code 34668

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 Nancy A Dattilo NANCY A. DATTILO, PRESIDENT 1/23/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	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		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NANCY A. DATTILO 2822 GREY OAKS BLVD TARPON SPRINGS, FL. 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy A Dattilo NANCY A. DATTILO, PRESIDENT 1/23/2006 727-947-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #