

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90047 036 \*\*\*150.00

<b>DOCUMENT # P01000082553</b> 1. Entity Name <b>GUGLIELMELLO INVESTMENTS, INC.</b>					
Principal Place of Business <b>731 N. HWY 17-92 SUITE 210 LONGWOOD, FL 32750</b>			Mailing Address <b>1100 CRYSTAL BOWL CIRCLE CASSELBERRY, FL 32707</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>731 N. HWY. 17-92</b>			
Suite, Apt. #, etc. <b>SUITE #201</b>		Suite, Apt. #, etc. <b>SUITE #201</b>			
City & State <b>LONGWOOD, FL</b>		City & State <b>LONGWOOD, FL</b>		4. FEI Number <b>59-3737703</b>	
Zip <b>32750</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GUGLIELMELLO, MARILYN 1100 CRYSTAL BOWL CIRCLE CASSELBERRY, FL 32707</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GUGLIELMELLO, KEITH 680 SILVERCREEK DR WINTER SPRINGS, FL 32708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GUGLIELMELLO, MARILYN 1100 CRYSTAL BOWL CIRCLE CASSELBERRY, FL 32707</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GUGLIELMELLO, LOUIS JR 550 GREENSPRINGS CIR WINTER SPRINGS, FL 32708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GUGLIELMELLO, JERRY 1071 G VALLEY FORGE CT ATLANTIC BEACH, FL 32233</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GUGLIELMELLO, JERRY 819A EDSON AVE. MAYPORT, FL 32227</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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><i>Keith Guglielmo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/30/07</u> Daytime Phone #: <u>(407) 695-2155</u>		