2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085423

Entity Name: O SOLE MIO TRATTORIA ITALIANA, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

12273 US HIGHWAY 98 WEST 42 BUSINESS CENTRE DR

#101 #101

DESTIN, FL 32550 DESTIN, FL 32550

Current Mailing Address: New Mailing Address:

12273 US HIGHWAY 98 WEST 42 BUSINESS CENTRE DR

#101 #101 DESTIN EL 22550 DESTIN EL 22550

DESTIN, FL 32550 DESTIN, FL 32550

FEI Number: 59-3740563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEREZ, KARIN PEREZ, KARIN

12273 US HIGHWAY 98 WEST 42 BUSINESS CENTRE DR #101 #101 DESTIN, FL 32550 US DESTIN, FL 32550 US

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.

Title:

SIGNATURE: KARIN PEREZ 04/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: PEREZ, KARIN Name: PEREZ, KARIN

Address: 12273 US HIGHWAY 98 WEST Address: 42 BUSINESS CENTRE DR#101

City-St-Zip: DESTIN, FL 32550 City-St-Zip: DESTIN, FL 32550

Title: D () Delete Title: D (X) Change () Addition

Name: PERRUCCI, ANTONIO Name: PERRUCCI, ANTONIO

Address: 12273 U.S. HIGHWAY 98 WEST Address: 42 BUSINESS CENTRE DR #101

City-St-Zip: DESTIN, FL 32550 City-St-Zip: DESTIN, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIN PEREZ D 04/27/2006