


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90297 014 ***150.00

DOCUMENT # P02000036182
1. Entity Name
SORPIETTO INVESTMENT CORP.



Principal Place of Business Mailing Address
823 CEDAR COVE ROAD 823 CEDAR COVE ROAD
WELLINGTON, FL 33414 WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

60026113



02042006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0656005	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE PIETTO, PELLEGRINO A
1880 GRANTHAM COURT
WELLINGTON, FL 33414

**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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

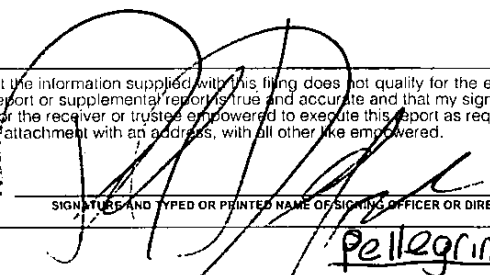
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST ZIP	P DE PIETTO, PELLEGRINO A 1880 GRANTHAM COURT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST ZIP	V SORIERO, EDMUND P 823 CEDAR COVE RD. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST ZIP	V SORIERO, VINCENT 2273 SUNDERLAND AVE. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST ZIP	
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:  4/5/06 (561) 784-8317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Pellegrino DePietto, President