2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 29, 2006 08:00 AM **DOCUMENT # P02000042213 Secretary of State** 1. Entity Name G. C. CUOMO, INC. Mailing Address Principal Place of Business 23470 OLDE MEADOWBROOK CIRCLE 23470 OLDE MEADOWBROOK CIRCLE **BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134** CRZE034 (11/05) 03242008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0668153 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CUOMO, CHRISTINE L DO NOT WRITE 23470 OLDE MEADOWBROOK CIRCLE BONITA SPRINGS, FL 34134 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice 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 tills if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 000000485566 04/12/06-80088-009 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS tū. TITLE CUOMO, CHRISTINE L NAME 23470 OLDE MEADOWBROOK CIRCLE STREET ACCRESS CITY-ST-27P BONITA SPRINGS, FL 34134 TITLE CUOMO, EUGENE L NAME 23470 OLDE MEADOWBROOK CIRCLE STREET ADDRESS CITY-ST-ZP BONITA SPRINGS, FL 34134 TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-57-ZP NAME STREET ADDRESS CITY-ST-70 NAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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.

FILED

Cavrims Phone #