

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90176 014 \*\*\*150.00

<b>DOCUMENT # P02000050597</b>					
<b>1. Entity Name</b> ERIC SCOLARI, INC.					
<b>Principal Place of Business</b> 1137 PALERMO ST PALM BAY, FL 32907			<b>Mailing Address</b> 1137 PALERMO ST PALM BAY, FL 32907		
<b>2. Principal Place of Business</b> 2670 Washington St Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2670 Washington St Suite, Apt. #, etc.			
<b>City &amp; State</b> West Melbourne FL		<b>City &amp; State</b> West Melbourne		<b>4. FEI Number</b> 02-0601977	
<b>Zip</b> 32904		<b>Country</b> Brevard		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SCOLARI, ERIC E 1049 LEE AVE. NW PALM BAY, FL 32907			<b>7. Name and Address of New Registered Agent</b> Name: ERIC SCOLARI Street Address (P.O. Box Number is Not Acceptable): 2670 Washington St City: West Melbourne FL Zip Code: 32904		
<b>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.</b> SIGNATURE: <u>Eric Scolari</u> <u>Eric Scolari</u> <u>4-24-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PV SCOLARI, ERIC E 1049 LEE AVE. NW PALM BAY, FL 32907		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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 Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Eric Scolari</u> <u>Eric Scolari President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-24-05</u> <u>321-951-8385</u> <small>Date Daytime Phone #</small>		