2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P02000074861

Entity Name: DON COCI, INC.

Current Principal Place of Business:

23680 WALDEN CENTER DR UNIT 310
BONITA SPRINGS, FL 34134

New Principal Place of Business:

23540 WALDEN CENTER DR UNIT 206
BONITA SPRINGS, FL 34134

Current Mailing Address:

23680 WALDEN CENTER DR UNIT 210
BONITA SPRINGS, FL 34134

New Mailing Address:

23540 WALDEN CENTER DR UNIT 206
BONITA SPRINGS, FL 34134

FEI Number: 13-4203278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HANS KALEYTA
23680 WALDEN CENTER DR.
310
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

HANS KALEYTA
23540 WALDEN CENTER DR.
206
BONITA SPRINGS, FL 34134 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.

SIGNATURE: _____ 04/21/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: KALEYTA, DOMENICO F
Address: 23680 WALDEN CENTER DR UNIT 310
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VSD ( ) Delete
Name: IVANOVA, TANYA
Address: 2680 WALDEN CENTER DR UNIT 310
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: KALEYTA, DOMENICO F
Address: 23540 WALDEN CENTER DR UNIT 206
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VSD (X) Change ( ) Addition
Name: IVANOVA, TANYA
Address: 23540 WALDEN CENTER DR UNIT 206
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KALEYTA PSD 04/21/2005
Electronic Signature of Signing Officer or Director — Date