2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084042

Entity Name: DOMINICIS CORPORATION, INC

610 COLORADO PLACE #60

ALTAMONTE SPRING, FL 32714 US

Address:

City-St-Zip:

FILED Apr 17, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	RADO PLACE	.			
60 ALTAMON	ITE SPRINGS	, FL 32714			
Current Mailing Address:			New Mailing Address:		
610 COLC	RADO PLACE	Ē			
	ITE SPRINGS	, FL 32714			
FEI Number: 74-3059038 FEI Number Applied For ()		FEI Number Not Applicable () Certifi		Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address o	f New Registered Agent:
610 COLC #60	NICIS, VERON PRADO PLACE ITE SPG, FL				
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent		Date
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DE DOMINICIS 610 COLORAE		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	DE DOMINICIS 529 ONE CEN) Delete 5, PATRICIA FER BLVD #301 SPG, FL 32701 US	Title: Name: Address: City-St-Zip:	9215 BIRCH	(X) Change () Addition CIS, PATRICIA H CLIFF DRIVE (SBURG, VA 22407 US
Title: Name: Address: City-St-Zip:	SUAREZ, CAR 529 ONE CEN) Delete LOS A IER BLVD #301 :PRING, FL 32701 US	Title: Name: Address: City-St-Zip:	610 COLOR	(X) Change () Addition CIS, ALFREDO ADO PLACE #60 E SPRING, FL 32714
Title: Name:	D (X	i) Delete S, ALFREDO	Title: Name:		() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: VERONICA DE DOMINICIS P 04/17/2008