2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113636

Entity Name: SALONE CORP

FILED Feb 08, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

314191 CHIPMAN AVE. 31491 CHIPMAN AVE.

PORT CHARLOTTE, FL 33980 US PORT CHARLOTTE, FL 33952 US

Current Mailing Address: New Mailing Address:

P.O. BOX 495548 P.O. BOX 495548

PORT CHARLOTTE, FL 33949-554 US PORT CHARLOTTE, FL 33949 US

FEI Number: 54-2080851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SALONE, PHILIP C CATE, JAMES J 21491 CHIPMAN AVE CATE, JAMES J 2380 AQUI ESTA DR.

PORT CHARLOTTE, FL 33980 US PUNTA GORDA, FL 33950 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: JAMES J. CATE 02/08/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: () Change () Addition

 Name:
 SALONE, PAUL J
 Name:

 Address:
 21491 CHIPMAN AVENUE
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33954 US
 City-St-Zip:

Title: VPTD () Delete Title: () Change () Addition

 Name:
 CATE, JAMES
 Name:

 Address:
 2380 AQUIESTA DR.
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33950
 City-St-Zip:

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: JAMES J. CATE VPTD 02/08/2005