

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016864

FILED
Mar 20, 2006
Secretary of State

Entity Name: RIGETTA INSURANCE & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

549 WYMORE RD., N
208
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

549 WYMORE RD, N.
208
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 02-0684906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIGETTA, DAMON
549 WYMORE RD. N,
208
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RIGETTA, DAMON
Address: 549 WYMORE RD., N SUITE 208
City-St-Zip: MAITLAND, FL 32751

Title: O () Delete
Name: RIGETTA, STEFFANIE L
Address: 549 WYMORE RD., N SUITE 208
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: DAMON RIGETTA

D

03/20/2006

Electronic Signature of Signing Officer or Director

Date