2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000057779

1. Entity Name
CAMPANIELLO DESIGN COLLECTION, INC.

Principal Place of Business	Mailing Address
2850 N. 28TH TERRACE HOLLYWOOD, FL 33021	225 E. 57TH STREET NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE

02272007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
56-2367191	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLASSMAN, LISA I ESQ.
20801 BISCAYNE BLVD., SUITE 403
AVENTURA, FL 33180

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IN THIS SPACE**

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.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000657450 03/14/07-80068-019 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CAMPANIELLO, THOMAS
STREET ADDRESS	2850 N. 28TH TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE: _____   3/2/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #