



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90066 019 ***150.00

DOCUMENT # P03000085945 1. Entity Name IL STUDIO GROUP INC.					
Principal Place of Business 361 W. MALLORY CIR. DELRAY BCH, FL 33483			Mailing Address 361 W. MALLORY CIR. DELRAY BCH, FL 33483		
2. Principal Place of Business - No P.O. Box # 1409 LAKE DRIVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1409 LAKE DRIVE <small>Suite, Apt. #, etc.</small>			
City & State DELRAY BCH FL <small>Zip</small> 33444 <small>Country</small> USA		City & State DELRAY BCH FL <small>Zip</small> 33444 <small>Country</small> USA		4. FEI Number 14-1831675	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BEALE, DAVID A ESQ. 355 NE 5TH AVE., SUITE 1 DELRAY BCH, FL 33483-5542			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete IANNOTTI, FRANK 361 W. MALLORY CIR. DELRAY BCH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D FRANK IANNOTTI 1409 LAKE DR DELRAY BCH FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete IANNOTTI, ELLEN 361 W. MALLORY CIR. DELRAY BCH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D ELLEN IANNOTTI 1409 LAKE DR DELRAY BCH FL 33444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: ELLEN IANNOTTI May 1, 2007 561 546 5898 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40107182

#P03000085945

May 1, 2007

From: IL Studio Group Inc.
1409 Lake Drive
Delray Beach FL 33444

To whom it may concern,

I attempted to file online on May 1st however the sunbiz server was down or experiencing difficulty. The problem persisted through out the day into the following day. I was advised by an agent to keep trying and to check off the late payment waiver box. I tried through the day but I was not successful filing on line so I down loaded the form and sent it with my check. I do hope that this will suffice and that I won't be penalized. I will however file my Annual Report sooner next year to avoid this problem.

Thank you for,

Ellen Iannotti
Ellen Iannotti

D – IL Studio Group Inc.
P03000085945