

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/1/2

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90007 022 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                                              |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000087403</b><br>1. Entity Name<br><b>TUTTI BAMBINI OF FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                                                                                                                                                                              |                                                                              |
| Principal Place of Business<br><b>166 CENTER STREET<br/>SUITE 103<br/>CAPE CANAVERAL, FL 32931</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | Mailing Address<br><b>166 CENTER STREET<br/>SUITE 103<br/>CAPE CANAVERAL, FL 32931</b>                                                                                                                       |                                                                              |
| 2. Principal Place of Business<br><b>2215 C GARDEN ST</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | 3. Mailing Address<br><b>2215 C GARDEN ST.</b><br>Suite, Apt. #, etc.                                                                                                                                        |                                                                              |
| City & State<br><b>TITUSVILLE FL.</b><br>Zip<br><b>32796</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | City & State<br><b>TITUSVILLE FL</b><br>Zip<br><b>32796</b>                                                                                                                                                  |                                                                              |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | Country<br><b>USA</b>                                                                                                                                                                                        |                                                                              |
| 4. FEI Number<br><b>20-0144488</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                       |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | \$8.75 Additional Fee Required                                                                                                                                                                               |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>ABRIGNANI, CATHERINE<br/>166 CENTER STREET<br/>SUITE 103<br/>CAPE CANAVERAL, FL 32931</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2215 C GARDEN ST.</b><br>City<br><b>TITUSVILLE</b> FL Zip Code<br><b>32796</b>               |                                                                              |
| 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.<br>SIGNATURE <u><i>Catherine A. Abrignani</i></u> DATE <u>5-28-04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>                                                                                                                                                                                    |                                            |                                                                                                                                                                                                              |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>P<br/>ABRIGNANI, CATHERINE<br/>166 CENTER STREET SUITE 103<br/>CAPE CANAVERAL, FL 32931</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>BONNIE HEATH V.P.<br/>2715 US 1<br/>MIMS, FL 32754</b>                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>D<br/>ABRIGNANI, VINCENT<br/>6993 HAMMOCK TRACE<br/>VIERA, FL 32940</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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: <u><i>Catherine A. Abrignani</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            | <u>May 28, 2004</u> <u>321-261-2775</u><br><small>Date Daytime Phone</small>                                                                                                                                 |                                                                              |