



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90256 031 ***150.00

DOCUMENT # P03000098128 1. Entity Name DOMINICK GIAMPETRO, INC.																																																					
Principal Place of Business 5501 BABCOCK STREET PALM BAY, FL 32907			Mailing Address 5501 BABCOCK STREET PALM BAY, FL 32907																																																		
2. Principal Place of Business 1090 Castile Road Suite, Apt. #, etc.		3. Mailing Address 1090 Castile Road Suite, Apt. #, etc.																																																			
City & State Palm Bay FL		City & State Palm Bay FL		4. FEI Number 20-0211918																																																	
Zip 32909		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent ALRON ENTERPRISES, INC. 390 NARRAGANSETT ST NE PALM BAY, FL 32907				7. Name and Address of New Registered Agent Name Dominick Giampetro Street Address (P.O. Box Number is Not Acceptable) 1090 Castile Road City Palm Bay FL Zip Code 32909																																																	
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 Dominick Giampetro Dominick Giampetro Reg Agent 4/13/04 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> D GIAMPETRO, DOMINICK 5501 BABCOCK STREET PALM BAY, FL 32907 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIAMPETRO, DOMINICK 5501 BABCOCK STREET PALM BAY, FL 32907	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> D/P/S/T Giampetro, Dominick 1090 Castile Road Palm Bay FL 32909 </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Giampetro, Dominick 1090 Castile Road Palm Bay FL 32909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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: Dominick Giampetro Dominick Giampetro Pres. 4/13/04 302-4202 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					