
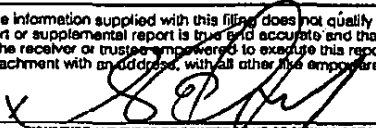


**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90055 017 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P03000127075</b>			
1. Entity Name DILLA AND DILLA INC			
Principal Place of Business 2340 55TH TERRACE SW APT. B NAPLES, FL 34116		Mailing Address 2340 55TH TERRACE SW APT. B NAPLES, FL 34116	
2. Principal Place of Business 4549 17th AVE SW Suite, Apt. #, etc.		3. Mailing Address 4549 17th AVE SW Suite, Apt. #, etc.	
City & State NAPLES FLA		City & State NAPLES FLA	
Zip 34116-5947	Country	Zip 34116-5947	Country
4. FEI Number 04-2132618		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALFONSO, OLGA 2340 55TH TERRACE SW APT. B NAPLES, FL 34116		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4549 17th AVE SW City NAPLES FL Zip Code 34116	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLA, NELSON 2340 55TH TERRACE APT. B NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4549 17th AVE SW NAPLES FLA- 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALOMEQE, ALEXIS 2340 55TH TERRACE APT. B NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4549 17th AVE SW NAPLES FLA- 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 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 employees.			
SIGNATURE: 		01/28-2005 (239) 352-8731	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	