


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000127075

1. Entity Name
DILLA AND DILLA INC



Principal Place of Business
**4549 17TH AVE SW
 NAPLES FL 34116**

Mailing Address
**4549 17TH AVE SW
 NAPLES FL 34116**



2. Principal Place of Business - No P.O. Box #
4549 17 AVE SW
 Suite, Apt. #, etc.

3. Mailing Address
4549 17 AVE SW
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34116 Country
USA

Zip
34116 Country
USA

4. FEI Number **04-2132618**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALFONSO, OLGA
 4549 17TH AVE SW
 NAPLES FL 34116-5947**

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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 4549 17TH AVE SW NAPLES FL 34116 <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 | D PALOMEQE, ALEXIS 4549 17TH AVE SW NAPLES FL 34116 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000674485 03/29/07-80073-002 150.00 |
| 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 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Nelson Dilla **MARCH 19/07** (239) 352-8731

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