

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147006

Entity Name: ANULLI ENTERPRISES INC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

5236 SW 2ND PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

4621 SW 22 PL.
CAPE CORAL, FL 33914

Current Mailing Address:

5236 SW 2ND PLACE
CAPE CORAL, FL 33914

New Mailing Address:

4621 SW 22PL.
CAPE CORAL, FL 33914

FEI Number: 20-0450084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANULLI, ED
5236 SW 2ND PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

ANULLI, ETTORE
4621 SW 22 PL.
CAPE CORAL, FL 33914 US

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.

SIGNATURE: ETTORE C ANULLI

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANULLI, ED
Address: 5236 SW 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: SEC (X) Delete
Name: ROBIN, STEVE
Address: 5236 SW 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP (X) Delete
Name: ANULLI, PATRICE
Address: 5236 SW 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANULLI, ETTORE C
Address: 4621 SW 22PL
City-St-Zip: CAPE CORAL, FL 33914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ETTORE C ANULLI

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date