


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90553 041 ***150.00

DOCUMENT # P04000007274 1. Entity Name CIMILLUCA CONSULTING, INC.																																			
Principal Place of Business 3180 SEASONS WAY APT. #902 ESTERO, FL 33928		Mailing Address 3180 SEASONS WAY APT. #902 ESTERO, FL 33928																																	
2. Principal Place of Business 13060 Brookshire Lake Blvd		3. Mailing Address 13060 Brookshire Lake Blvd																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																	
City & State Fort Myers, FL		City & State Fort Myers, FL																																	
Zip 33912-1555		Zip 33912-1555																																	
Country US		Country US																																	
4. FEI Number 20-0577499		Applied For <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 CIMILLUCA, JOSEPH N 3180 SEASONS WAY APT. #902 ESTERO, FL 33928		7. Name and Address of New Registered Agent Name JOSEPH N. CIMILLUCA Street Address (P.O. Box Number is Not Acceptable) 13060 BROOKSHIRE LAKE BLVD City FORT MYERS FL Zip Code 33912-1555																																	
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 <u><i>Joseph Cimilluca</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>4/14/05</i></u>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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: 70%;"> PVST CIMILLUCA, JOSEPH N 3180 SEASONS WAY #902 ESTERO, FL 33928 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST CIMILLUCA, JOSEPH N 3180 SEASONS WAY #902 ESTERO, FL 33928 <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: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13060 BROOKSHIRE LAKE BLVD FORT MYERS, FL 33912-1555 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13060 BROOKSHIRE LAKE BLVD FORT MYERS, FL 33912-1555														
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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: <u><i>Joseph Cimilluca</i></u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>4/14/05 2399940176</i></u> <small>Date Daytime Phone #</small>																																	

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