


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000022155 1. Entity Name DIQUOLLO ENTERPRISES, INC.	
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Principal Place of Business DANIEL JOSEPH DIQUOLLO 1435 MERCURY STREET MERRITT ISLAND, FL 32953	Mailing Address DANIEL JOSEPH DIQUOLLO 1435 MERCURY STREET MERRITT ISLAND, FL 32953
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DO NOT WRITE IN THIS SPACE



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0079528	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 DIQUOLLO, DANIEL J 1435 MERCURY STREET MERRITT ISLAND, FL 32953
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIQUOLLO, DANIEL J 1435 MERCURY STREET MERRITT ISLAND, FL 32953
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *x Daniel J. DiQuollo* 4/30/06 321-243-1789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #