

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90018 004 \*\*\*150.00

<b>DOCUMENT # P04000032990</b>					
<b>1. Entity Name</b> ALMOST HEAVEN OF MANASOTA KEY, INC.					
<b>Principal Place of Business</b> 4 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082			<b>Mailing Address</b> 4 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> C/O ROBERT D. HIRSCH Suite, Apt. #, etc. 150 A City & State Ponte Vedra Beach Zip 32082 Country USA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 86-1098131	
Zip		Country		<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> HIRSCH, ROBERT D 4 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> HIRSCH, ROBERT D <b>STREET ADDRESS</b> 4 SAWGRASS VILLAGE DR <b>CITY-ST-ZIP</b> PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> MAGGIO, LOUIS <b>STREET ADDRESS</b> 35 KALISH AVE <b>CITY-ST-ZIP</b> ENFIELD, CT 06082	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> QUINLAN, GREGORY <b>STREET ADDRESS</b> 6 DRUMMOND RD <b>CITY-ST-ZIP</b> ENFIELD, CT 06082	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> MAGGIO, SALVATOR R <b>STREET ADDRESS</b> 30 UNION ST <b>CITY-ST-ZIP</b> ENFIELD, CT 06082	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> BELLOMO, PAUL J <b>STREET ADDRESS</b> 157 BRAINARD RD <b>CITY-ST-ZIP</b> ENFIELD, CT 06082	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Paul J Bellomo</u> <b>PAUL J BELLOMO</b> 2/4/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					