

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

05-19-2005 90046 007 \*\*\*158.00

|  |                                 |   |   |  |  |
|--|---------------------------------|---|---|--|--|
| <b>DOCUMENT # P04000033191</b><br>1. Entity Name<br><b>SCALZO DEVELOPMENT GROUP, INC.</b>  |                                 |   |   |  |  |
| Principal Place of Business<br><b>1909 PICCADILLY CIRCLE<br/>CAPE CORAL, FL 33991</b>  |                                 |   | Mailing Address<br><b>1909 PICCADILLY CIRCLE<br/>CAPE CORAL, FL 33991</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |  |
| City & State<br><br>Zip      Country   |                                 | City & State<br><br>Zip      Country  |   | 4. FEI Number<br><b>52-2441221</b>   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                                 |   |   | Applied For<br><input type="checkbox"/> Not Applicable                                       |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>RITCHIE, RONALD W<br/>5129 CASTELLO DRIVE<br/>SUITE 4<br/>NAPLES, FL 34120</b>  |                                 |   | <b>7. Name and Address of New Registered Agent</b><br>Name <b>Frank Aloia Jr</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>2250 1st St.</b><br>City <b>Ft. Myers</b> State <b>FL</b> Zip Code <b>33901</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.  |                                 |   |   |  |  |
| SIGNATURE<br><small>Signature, typed or printed name of registered agent and title, if applicable.</small>   |                                 |   | DATE <b>5/3/05</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>  |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                                 |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| 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:   |                                 |   | DATE <b>5/3/05</b> Daytime Phone # <b>889-513-5211</b>  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                 |   |   |  |  |