2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000039243

1. Entity Name
RABBOTTINI, INC.

Principal Place of Business	Mailing Address
8937 MAGNOLIA CHASE CIRCLE TAMPA, FL 33647	8937 MAGNOLIA CHASE CIRCLE TAMPA, FL 33647

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

01102005   Chg-P   CR2E034 (10/03)

4. FEI Number   *05-0596766*   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RABBOTTINI, MARY S 8937 MAGNOLIA CHASE CIRCLE TAMPA, FL 33647	Name _David M. Rabbottini_ Street Address (P.O. Box Number is Not Acceptable) _8937 Magnolia Chase Circle_ City _Tampa_ FL Zip Code _33647_

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.
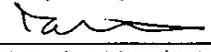
SIGNATURE _David M. Rabbottini, Office Manager_   _2/6/05_

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	RABBOTTINI, MARY S		NAME			
STREET ADDRESS	8937 MAGNOLIA CHASE CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	RABBOTTINI, DAVID M		NAME			
STREET ADDRESS	8937 MAGNOLIA CHASE CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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.
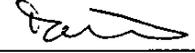
SIGNATURE: _David M. Rabbottini_   _2/6/05_   _813-994-7684_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #