

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077545

Entity Name: CANALUNGO, INC.

FILED
Apr 07, 2005
Secretary of State

Current Principal Place of Business:

323 MEADOW BROOK CT
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

323 MEADOW BROOK CT
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 20-1075633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANALUNGO, THOMAS A
323 MEADOW BROOK CT
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

CANALUNGO, VITA M
323 MEADOW BROOK CT
OLDSMAR, FL 34677 US

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.

SIGNATURE: VITA M. CANALUNGO

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. () Change (X) Addition
Name: CANALUNGO, VITA M
Address: 323 MEADOW BROOK COURT
City-St-Zip: OLDSMAR, FL 34677

Title: MR. () Change (X) Addition
Name: CANALUNGO, THOMAS M
Address: 323 MEADOW BROOK COURT
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VITA M. CANALUNGO

SEC

04/07/2005

Electronic Signature of Signing Officer or Director

Date