

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077589

Entity Name: CAPANNINA, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

4647 CLYDE MORRIS BLVD
STE 501
PORT ORANGE, FL 32139

Current Mailing Address:

985 SMOKERRISS BLVD
PORT ORANGE, FL 32127

New Principal Place of Business:

4647 CLYDE MORRIS BLVD
STE 501
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 75-3161191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORZA, ALFREDO
985 SMOKERISE BLVD
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ORZA, ALFRED
Address: 985 SMOKERISE BLVD
City-St-Zip: PORT ORANGE, FL 32127

Title: DV () Delete
Name: ORZA, ANNA
Address: 985 SMOKERISE BLVD
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: PICCININI, GABRIELLE
Address: 985 SMOKERISE BLVD
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ORZA, ALFREDO
Address: 985 SMOKERISE BLVD
City-St-Zip: PORT ORANGE, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ORZA, GABRIELLE
Address: 985 SMOKERISE BLVD
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALFREDO ORZA

DP

01/21/2009

Electronic Signature of Signing Officer or Director

Date