


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90218 041 \*\*\*150.00

DOCUMENT # P04000092108			
1. Entity Name JODI COLELLO, INC.			
Principal Place of Business 5991 SE WINDSONG LANE STUART, FL 34997 US		Mailing Address 5991 SE WINDSONG LANE STUART, FL 34997 US	
2. Principal Place of Business 5991 SE Windsong Lane Stuart, Florida		3. Mailing Address 5991 SE Windsong Lane Stuart, Florida	
Suite, Apt. #, etc. Stuart, Florida		Suite, Apt. #, etc. Stuart, Florida	
City & State 34997 United States		City & State 34997 United States	
Zip		Country	
Zip		Country	
4. FEI Number 20-1272443		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLELLO, JODI 5991 SE WINDSONG LANE STUART, FL 34997		7. Name and Address of New Registered Agent Name: Colello, Jodi Street Address (P.O. Box Number is Not Acceptable) 5991 SE Windsong Lane City: Stuart FL Zip Code: 34997	
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: <i>Jodi Colello</i> DATE: 1/20/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLELLO, JODI 5991 SE WINDSONG LN STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <i>Jodi Colello</i>		Date: 1/20/06 Daytime Phone #: 772-781-2426	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	