2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: __

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

Daytime Phone #

ANNOAL KLI OKI					04-27-2006 90218 041 ***150.00				
DOCUMENT # P0400092108 1. Entity Name JODI COLELLO, INC.					NUVVVV-				
Principal Place	of Business	Mailing Address]				
5991 SE WONDSONG LANE 5991 SE WONDSONG LANE									
STUART, FL 34997 US STUART, FL 34997 US					1				
5.0.0.,		3.0/1,/2 3.33/	•						
						CON DICH COM COM COM			
2. Principal Place of Business 5991 SE Windsong Lane 3. Mailing Address Windsong Lane]) <u> </u>	 	
Stuar Stuar	t flurida	Suite, Apr. #, etc.		orida	01162006	Chg-P	CR2E03	4 (11/05)	
3 499	7 Unitable	City & State 3 4 9 7		ikdshku	4. FEI Numbe 20-1272				plied For t Applicable
Zip	Country			itry	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current R	tegistered Agent		 	7. Name and	Address of New R	egistered A	gent	
COLEULO	IODI '			Name Cold	ello,	Jodi			
COLELLO, JODI					P.O. Box Numbe	er is Not Acceptable)	A	
STUART FL 34097							· .		
•		· .		5991	5 U U	vindson	9 CF	ne	
City Str					vart		FL	Zip Cod	997
	named entity submits this statement for	the purpose of changing it	s register	ed office or register	red agent, or bot	h, in the State of Fid	orida. I am fa	amiliar with,	and accept
the obligati	ions of registered agent.	010					1/20	101.	
SIGNATURE_	1 1000 8 COU	MO					1100	104	
DIGITATIONES	Signature, typed or printed name of registered agent as	nd title if applicable. • (NC	TE: Register	ed Agent signature requires	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Camp Trust Fund Cor			.00 May Be led to Fees				
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	Р	☐ Delete	i m	E				Change	Addition
NAME	COLELLO, JODI		NAJ	· l					
STREET ADDRESS	5991 SE WINDSONG LN			EET ADDRESS					
CITY-ST-ZIP	STUART, FL 34997		CIT	Y-ST-ZIP					
TITLE		☐ Delete	TITL	ĭ				Change	☐ Addition
NAME			NAJ						
STREET ADDRESS				IEET ADDRESS Y-ST-ZIP					
CITY-ST-ZIP			-1-						
TITLE NAME		☐ Delete	TITE NA	E .				Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	!			Y-ST-ZIP					
TITLE		☐ Delete	TIT					☐ Change	☐ Addition
NAME	[NAJ						
STREET ADDRESS	i		STF	REET ADDRESS					
CITY-ST-ZIP			СІТ	Y-ST-ZIP					
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NAME	ì		NA	ME I					
STREET ADDRESS	1		STE	REET ADDRESS					
CITY-ST-ZIP			CIT	Y-SI-ZIP	-				
TITLE	1	☐ Delete	111	LÉ				☐ Change	☐ Addition
NAME	ì		NA.	ME					
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP	1		CIT	Y-ST-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify	for the e	xemptions containe	d in Chapter 11	9, Florida Statutes.	I further cert	ify that the	information
of the co	d on this report or supplemental report is rporation or the receiver or trustee empo	owered to execute this repo	ort as requ	ature snall have the lired by Chapter 60	s same regar ette 7, Florida Statuti	ct as it made under es; and that my nar	oeun; triat i a ne appears i	n an onice n Block 10 c	r or curector or Block 11 if
changed	or on an attachment with an address, v		ed.			Mala	1 -		01 344.1
SIGNAT	TURE. 1/0008	Colllo				1/20/0	6	13-18	11-2476