
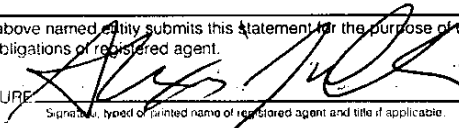
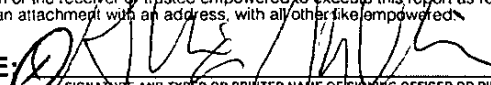


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90074 010 ***150.00

DOCUMENT # P04000095084 1. Entity Name ALEXIS J. DECAPRIO, P.A.			
Principal Place of Business 997 S WICKHAM RD W MELBOURNE, FL 32904		Mailing Address 997 S WICKHAM RD W MELBOURNE, FL 32904	
2. Principal Place of Business 503 5th Ave Suite, Apt. #, etc. Suite 201 City & State Indianapolis, FL Zip 32903 Country USA		3. Mailing Address 503 5th Ave Suite, Apt. #, etc. Suite 201 City & State Indianapolis, FL Zip 32903 Country USA	
6. Name and Address of Current Registered Agent DECAPRIO, ALEXIS J 997 S WICKHAM RD W MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name DeCaprio, Alexis J Street Address (P.O. Box Number is Not Acceptable) 501 5th Ave Suite 201 City Indianapolis FL Zip Code 32903	
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  DATE 4/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 D NAME DECAPRIO, ALEXIS J <input type="checkbox"/> Delete STREET ADDRESS 997 S WICKHAM RD CITY - ST - ZIP W MELBOURNE, FL 32904	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DeCaprio, Alexis J STREET ADDRESS 503 5th Ave Suite 201 CITY - ST - ZIP Indianapolis, FL 32903		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 		Date 4-4-05 Daytime Phone #	