


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90002 044 \*\*\*150.00

<b>DOCUMENT # P04000110380</b>	
1. Entity Name <b>JOSEPH CHIAROMONTE, INC.</b>	

Principal Place of Business <b>1191 GODFREY AVE 2470 Dover Lane SPRING HILL FL 34609</b>	Mailing Address <b>1191 GODFREY AVE 2470 Dover Lane SPRING HILL FL 34609</b>
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2. Principal Place of Business <b>2470 Dover Lane</b>	3. Mailing Address <b>2470 Dover Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State <b>Spring Hill, FL</b>	City & State <b>Spring Hill, FL</b>
Zip <b>34609</b>	Zip <b>34609</b>
Country	Country

4. FEI Number <b>20-1425434</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CHIAROMONTE, JOSEPH 1191 GODFREY AVE SPRING HILL FL 34609</b>	
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7. Name and Address of New Registered Agent Name <b>Joseph Chiaromonte</b> Street Address (P.O. Box Number is Not Acceptable) <b>2470 Dover Lane</b> City <b>Spring Hill</b> <b>FL</b> Zip Code <b>34609</b>	
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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 <b>Joseph Chiaromonte</b>	DATE <b>2-3-06</b>

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CHIAROMONTE, JOSEPH</b> <b>1191 GODFREY AVE</b> <b>SPRING HILL FL 34609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>CHIAROMONTE, MARILENA</b> <b>1191 GODFREY AVE</b> <b>SPRING HILL FL 34609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Chiaromonte, Joseph</b> <b>2470 Dover Lane</b> <b>Spring Hill FL 34609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Chiaromonte, Marilena</b> <b>2470 Dover Lane</b> <b>Spring Hill, FL. 34609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>Joseph Chiaromonte</b>	DATE: <b>2-3-06</b>	PHONE: <b>352-263-2452</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		