

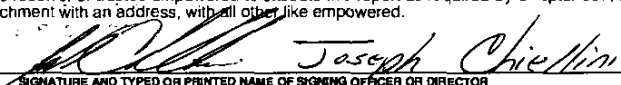


2005 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | | | |
|---|--|---------------------|--|--|---|---|--|
| DOCUMENT # P04000117137 1. Entity Name CHELLINI, INC. | | | |  | | FILED 05 SEP 16 PM 3:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA  | |
| Principal Place of Business 3504 WEST LEONA ST. TAMPA, FL 33629 | | | | Mailing Address 3504 WEST LEONA ST. TAMPA, FL 33629 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| Zip | | Country | | Zip | | Country | |
| CHELLINI, AUDRA N 3504 WEST LEONA ST. TAMPA, FL 33629 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHELLINI, JOSEPH A 3504 WEST LEONA ST. TAMPA, FL 33629 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 500059787835 09/20/05--01054--010 **150.00 </div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHELLINI, AUDRA N 3504 WEST LEONA ST. TAMPA, FL 33629 <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 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 8-17-05 | | Daytime Phone # | |