


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-27-2006 90081 022 ***150.00

DOCUMENT # P04000129882	
1. Entity Name DORICO INNOVATION, INC	

Principal Place of Business 4756 WALDEN CIRCLE #621 ORLANDO, FL 32811	Mailing Address 4756 WALDEN CIRCLE #621 ORLANDO, FL 32811
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2. Principal Place of Business 3923 S. SEMORAN BLVD #5	3. Mailing Address 3923 S. SEMORAN BLVD #5
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City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32822	Zip 32822
Country	Country



02062006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1622385	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FUNGERI, ALDAILDO 4756 WALDEN CIRCLE #621 ORLANDO, FL 32811	7. Name and Address of New Registered Agent FUNGERI, ALDAILDO 3923 S. SEMORAN BLVD #5 ORLANDO, FL 32822
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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 X Abdullo Fungieri	DATE 02/06/06
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUNGERI, ALDAILDO 4756 WALDEN CIRCLE #621 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUNGERI, ALDAILDO 3923 S. SEMORAN BLVD #5 ORLANDO, FL 32822 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOS SANTOS, CELIO A 4756 WALDEN CIRCLE #621 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILVIO S. FERREIRA 3923 S. SEMORAN BLVD #5 ORLANDO, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD DOS SANTOS, APARECIDO P 4756 WALDEN CIRCLE #621 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ZABUEU QUEIROS GUSMAD 3923 S. SEMORAN BLVD #5 ORLANDO, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MARCOS P. DE CARVALHO 3923 S. SEMORAN BLVD #5 ORLANDO, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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: X Abdullo Fungieri	DATE: 02/06/06
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