


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90071 050 ***150.00

DOCUMENT # P04000131946	
1. Entity Name LEONARDO DA VINCI, INC.	

Principal Place of Business 2087 A SARNO RD MELBOURNE, FL 32935	Mailing Address 2087 A SARNO RD MELBOURNE, FL 32935
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2. Principal Place of Business - No P.O. Box # 486 N. Harbor City Blvd	3. Mailing Address 486 N. Harbor City Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Melbourne, FL.	City & State Melbourne, FL.
Zip 32935	Zip 32935
Country	Country



04302007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent D'AGOSTINO, LEONARDO J 2087 A SARNO BLVD MELBOURNE, FL 32935	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 486 N. Harbor City Blvd. City Melbourne FL Zip Code 32935	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P D'AGOSTINO, LEONARDO J 2057 A SARNO RD MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 486 N. Harbor City Blvd. Melbourne, FL. 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D'AGOSTINO, LEONARDO J 2087 A SARNO RD MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 486 N. Harbor City Blvd. Melbourne, FL. 32935
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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: 	Date 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	