2005 FOR PROFI CORPORATION ANNUAL REPORT

FILED Aug 30, 2005 8:00 am Secretary of State 04-14-2005 90107 022 ***150.00

DOCUMENT # P04000144974

1. Entity Name K. F.; COMOLLI, INC.



			No. of the last of	5)			
Principal Plac	ce of Business	Mailing Address					
5031 JASMINE CIRCLE NORTH ST. PETERSBURG, FL 33714 US		5031 JASMINE CIRCLE NORTH ST. PETERSBURG, FL. 33714 US			66026679		
2. Principal F	Place of Business	3. Mailing Address					
					i azm eien dem eam ee	BI ITRII BIBII BIBIS (1911) (691) BI	T1351 JT (T31)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02202005	Chg-P	CR2E034 (10/03)	
City & State		City & State		.4.: FEI Numb	er 1875		oplied For ox Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Currer	nt Registered Agent		7. Name and	Address of New R	egistered Agent	
001101111111111			Name	Name			
COMOLLI 5031 JASI ST. PETE	, KEN MINE CIRCLE NORTH RSBURG, FL 33714		Street Add	ress (P.O. Box Numb	er is Not Acceptable)	
, 64 · *		e seemist congress of the		er je iljen erspal	town to the section of the	varaspe energym in each	
			City			FL Zip Cod	e
8. The above	a named entity submits this statement	for the ourpose of changing it	s registered office or re	edistered agent, or bo	ith, in the State of Flo		and accept
	tions of registered agent.					• ,	and aboop.
SIGNATURE.				•		•	
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable. (NC	TE Registered Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550		aign Financing	\$5.00 May Be Added to Fees			· · <u>·</u>
10.	OFFICERS AN	D DIRECTORS	11,	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	P,T	☐ Delete	TITLE			☐ Change	☐ Addition
\\ME	COMOLLI, KEN		NAME				
STREET ADORESS CITY-ST-ZIP	5031 JASMINE CIRCLE NORT ST. PETERSBURG, FL 33714		STREET ADDRESS CITY+ST-ZIP				
TITLE	31. FETERSBURG, FE 33714					☐ Change	Addition
NAME		☐ Deleta	TITLE NAME			Ci Cistific	- Addition
STREET ADDRESS	<u>{</u>		STREET ADORESS			•	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	·	LI Delete	NAME			□ Crantino	LJ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TILE		-	Change	☐ Addition
NAME		~	NAME	•			
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	27.5			-
		 				[^m] Observe	☐ Addising
NAME		Delete	ITTLE NÄME —			☐ Change	Addition
STREET ADDRESS	•	·- · 	STREET ADORESS				
CITY-ST-ZIP			CITY-ST-ZIP				~ - -
46 44 4	I				17 day		

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 attact then twith an address, with all other-like empowered.

SIGNATURE: