2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED MAKE OF BIONING OFFICER OR DIRECTOR

SIGNATURE: _

Secretary of State 02-06-2006 90065 016 ***150.00 DOCUMENT # P04000171187 1. Entity Name THOMAS ROSSETTI, INC. 66002440 Principal Place of Business Maising Address 26751 CLARKSTON DRIVE: 26751 CLARKSTON DRIVE UNIT 16201 UNIT 16201 BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 01112008 CR2E034 (11/05) Cho-P City & State City & State 4. FEI Number Applied For 20-2043060 Not Applicable Zip Zιο Country \$8.75 Additional Country 5. Cartificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Ageπt ROSSETTI, THOMAS Street Address (P.O. Box Number is Not Acceptable) 26751 CLARKSTON DRIVE **UNIT 16201 BONITA SPRINGS, FL 34135** City Zip Code 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 (NOTE: Repistered Agent stompture required when reinsteadn) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ITTLE ☐ Delete TITLE ☐ Change ☐ Addition ROSSETTI, THOMAS NAME NAME 26751 CLARKSTON DRIVE, UNIT 16201 STREET ADDRESS STREET ADORESS CITY-ST-ZIP **BONITA SPRINGS, FL 34135** CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-SI-ZP CITY-ST-ZIP TITLE Delete IIILE ---- Change ---Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De ce TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

THOMAS ROSSETTI, PRES

FILED Feb 24, 2006 8:00 am





FLORIDA DEPARTMENT OF STATE Division of Corporations

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February 8, 2006

THOMAS ROSSETTI, INC. 26751 CLARKSTON DRIVE UNIT 16201 BONITA SPRINGS, FL 34135

Subject: THOMAS ROSSETTI, INC.

Reference Number:

P04000171187

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complète Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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