04/20/2005 02:33 4076561199 BYRD ACCOUNTI

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May 02, 2006 8:00 am
Secretary of State

03-20-2006 90007 020 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000004743

1. Entity Name
FALOTICO BROS TRIM II INC

66013716

[redacted]

04202006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
~~550 A BROADWAY~~	~~550 A BROADWAY~~
~~KISSISSIMMEE, FL 34744~~	~~KISSISSIMMEE, FL 34744~~

2. Principal Place of Business	3. Mailing Address
736 CHAMBERLIN TRAIL	736 CHAMBERLIN TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. CLOUD FL	City & State: ST. CLOUD FL
Zip: 34772 Country	Zip: 34772 Country

4. FEI Number: 20-2513875 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALOTICO, ANGELO
550 A BROADWAY
KISSISIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL 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 the obligations of registered agent.

SIGNATURE Angelo Falotico 4-20-06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	FALOTICO, ANGELO		NAME	
STREET ADDRESS	~~550 A BROADWAY~~		STREET ADDRESS	736 CHAMBERLIN TRAIL
CITY-ST-ZIP	~~KISSISSIMMEE, FL 34744~~		CITY-ST-ZIP	ST. CLOUD FL 34772
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Angelo Falotico 4-20-06 407-436-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #