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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000058284

1. Entity Name
E. CIAMPI REALTY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1849 WHISPERIING PINES CIRCLE ENGLEWOOD, FL 34223	1849 WHISPERIING PINES CIRCLE ENGLEWOOD, FL 34223

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1741 BAYSHORE DR	1741 BAYSHORE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ENGLEWOOD FL	City & State: ENGLEWOOD FL
Zip: 34223-1507 Country: US	Zip: 34223-1507 Country: US

01232007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-3146994 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CIAMPI, RICHARD 1849 WHISPERIING PINES CIRCLE ENGLEWOOD, FL 34223	Name: CIAMPI, RICHARD Street Address (P.O. Box Number is Not Acceptable): 1741 BAYSHORE DR City: ENGLEWOOD FL Zip: 34223-1507

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 Richard Ciampi — X 4/13/07
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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CIAMPI, RICHARD 1849 WHISPERIING PINES CIRCLE ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CIAMPI, RICHARD 1741 BAYSHORE DR ENGLEWOOD, FL 34223-1507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CIAMPI, LAWRENCE A 27 CANDELBERRY LANE HARVARD, MA 01451	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CIAMPI, MARIA 1741 BAYSHORE DR ENGLEWOOD, FL 34223-1507	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: X Richard Ciampi — X 4/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #