

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081962

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: STONEY POINT CAPITAL MGT. INC.

## Current Principal Place of Business:

18 PLENTY ST  
WARWICK, RI 02886

## New Principal Place of Business:

8 HARBOUR AVE  
WEST WARWICK, RI 02893

## Current Mailing Address:

970 BEACON ST NW  
PALM BAY, FL 32907

## New Mailing Address:

FEI Number: 80-0119053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERTOLDI, GIULIO  
970 BEACON ST NW  
PALM BAY, FL 32907 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BERTOLDI, GIULIO  
Address: 970 BEACON ST NW  
City-St-Zip: PALM BAY, FL 32907

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC ( ) Change (X) Addition  
Name: BERTOLDI, MARY  
Address: 970 BEACON ST.  
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIULIO BERTOLDI

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date