
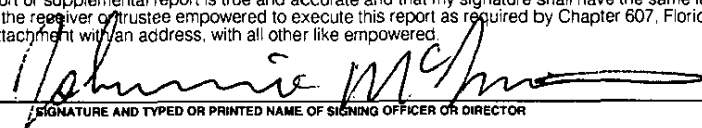


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90040 039 \*\*\*150.00

<b>DOCUMENT # P05000094597</b> 1. Entity Name <b>DOMENICI ENTERPRISES INC.</b>					
Principal Place of Business <b>8770 SUNSET DR - # 293</b> <b>MIAMI, FL 33173</b>			Mailing Address <b>8770 SUNSET DR - # 293</b> <b>MIAMI, FL 33173</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOSSATI, PAULETTE D</b> <b>8770 SUNSET DR - # 293</b> <b>MIAMI, FL 33173</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSSATI, PAULETTE D 8770 SUNSET DR - # 293 MIAMI, FL 33173			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKNIGHT, JOHNNIE L 8770 SUNSET DR - # 293 MIAMI, FL 33173			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <span style="float: right;"><b>5/16/06</b></span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

ATTACHMENT 40094612  
#P05000094597

**DOMENICI**  
ENTERPRISES INC.


May 16, 2006

**DIVISION OF CORPORATION**  
**P.O. Box 1500**  
**Tallahassee, FL 32302-1500**

**REF.: Annual Report Filing**  
**Document #P05000094597**

To whom it may concern:

Enclosed is payment and documentation for filing the 2006 Corporation Annual Report for Domenici Enterprises, Inc. This notice, however, is to inform your office that the report is being filed at this time because Annual Report documents were never received by our office. Under the circumstances, we are requesting that the \$400.00 late payment fee be waived.

We would appreciate a confirmation accepting the waiver, but if needed you may contact my office at 305/273-9272 at your convenience.

Thank you for your attention.

Regards,

  
Johnnie L. McKnight  
President