2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P06000019362						FILED	
1. Entity Name CIOTTI'S RENOVATIONS, INC.					07 (	ICT -5 AM 8:	33
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Principal Place of Business Mailing Address				$\neg$	TALL	KLIANT UF ST. AHASSEE, FLO	RIDA
2609 ALOMA AVE WINTER PARK, FL 32792  WINTER PARK, FL 32792  ZEON AVE WINTER PARK, FL 32792						_	,,,,
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address							
2 60° Suite, Apt.	9 Along Ave	2.609 A(dA	104 Ave		, 29116 21111 22111 22111 22111	38.51 1/514 14.35 WHE BINE HE	18.91 II IBB1
30lte, Apt.	π, σιο. •	Suite, Apt. W. etc.		08242007	Chg-P	CR2E034 (12/06)	
City & State	ter PANK, Florida	City & State W. Ter PANK	, Florida	4. FEI Numb	er Clo	Ap	plied For t Applicable
21327	792 OrANGE	2in 32792 6	DrAnGE	5. Certificate	of Status Desired	S8.75 Add Fee Required	
Name and Address of Current Registered Agent				7. Name and	Address of New R	egistered Agent	
CIOTTI, ANTHONY				Street Address (P.O. Box Number is Not Acceptable)			
2609 ALOMA AVE WINTER PARK, FL 32792				S (P.O. BOX NUMB	er is Not Acceptable	· 	
·		<del></del>	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 9/19/07							
Signature, typed or the diname of registered agent and title it applicable (NOTE Rogistered Agent's gnature requirest when restricting) (NATE							
FILE NOWIII FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Financing Trust Fund Contribution.				55.00 May Be dded to Fees		rith s. 607.193(2)(b), l not receive the prior n	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	 /CHANGES TO OFFI	CERS AND DIRECTORS	SIN 11
TITLE NAME	P, D CIOTTI, ANTHONY	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADORESS	2609 ALOMA AVE	j	STREET ADDRESS	10	200110 /18/07010	1954012 89821 ***	≥ 50.00
CITY-ST-ZIP	WINTER PARK, FL 32792	☐ Delete	CITY-ST ZIP		rioru: uit	Change	□ Addition
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STREET ADDRESS CITY-ST-ZIP	(N   in   q)		STREET ADDRESS CITY-ST-ZIP				
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_CILY-SI: ZIP-	-		CITY ST-ZIP				
TITLE		Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
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NAME		□ Delete	NAME			Change	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				ł
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY ST-ZIP				
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 empoyarored.							
SIGNATURE: 9/19/07 407-678-1094							
SIGNATURE:    SIGNATURE   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Date							