

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023973

Entity Name: DELLICOMPAGNI, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

929 LAS NAVAS PLACE
ST. AUGUSTINE, FL 32092 US

New Principal Place of Business:

1245 WOODCHURCH LN
ST. AUGUSTINE, FL 32092 US

Current Mailing Address:

929 LAS NAVAS PLACE
ST. AUGUSTINE, FL 32092 US

New Mailing Address:

1245 WOODCHURCH LN
ST. AUGUSTINE, FL 32092 US

FEI Number: 20-4344049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELLICOMPAGNI, TONY
929 LAS NAVAS PLACE
ST.AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

DELLICOMPAGNI, TONY
1245 WOODCHURCH LN
ST.AUGUSTINE, FL 32092 US

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: TONY DELLICOMPAGNI

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELLICOMPAGNI, TONY
Address: 929 LAS NAVAS PLACE
City-St-Zip: ST.AUGUSTINE, FL 32092 US

Title: V () Delete
Name: DELLICOMPAGNI, DEL MARI
Address: 929 LAS NAVAS PLACE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELLICOMPAGNI, TONY
Address: 1245 WOODCHUCH LN
City-St-Zip: ST.AUGUSTINE, FL 32092 US

Title: V (X) Change () Addition
Name: DELLICOMPAGNI, DEL MARI
Address: 1245 WOODCHUCH LN
City-St-Zip: ST. AUGUSTINE, FL 32092 US

I hereby certify that the information supplied with this filing does not qualify 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: TONY DELLICOMPAGNI

OWNE

04/30/2009

Electronic Signature of Signing Officer or Director

Date