
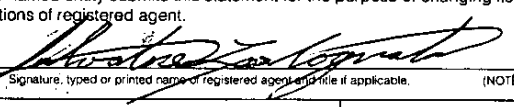
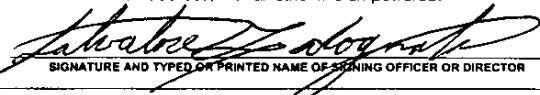


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90331 017 \*\*\*150.00

<b>DOCUMENT # P07000008949</b> 1. Entity Name <b>RAGUSA DEVELOPERS, INC.</b>					
Principal Place of Business <b>6733 LIBERTY STREET NAVARRE, FL 32566</b>			Mailing Address <b>6733 LIBERTY STREET NAVARRE, FL 32566</b>		
2. Principal Place of Business - No P.O. Box # <b>1867 SPARROW LANE</b>		3. Mailing Address <b>1867 SPARROW LANE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>NAVARRE FL.</b>		City & State <b>NAVARRE FL.</b>		4. FEI Number <b>20-8260428</b>	
Zip <b>32566</b>		Country <b>SANTA ROSA</b>		Applied For Not Applicable	
Zip <b>32566</b>		Country <b>SANTA ROSA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GALLAGHER, WILLIAM F 6924 SEA CRAB CIRCLE NAVARRE, FL 32566</b>				7. Name and Address of New Registered Agent Name <b>SALVATORE LACOGNATA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1867 SPARROW LANE</b> City <b>NAVARRE</b> <b>FL</b> Zip Code <b>32566</b>	
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  / President <span style="float: right;">04-22-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</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	P LACOGNATA, SALVATORE 1867 SPARROW LANE NAVARRE, FL 32566	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LACOGNATA, GIANCARLO 103 RAY ST, 1ST FLOOR GARFIELD, NJ 07026	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete			
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:  <span style="float: right;">04-22-08 (850) 939-7698</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #</small>		