

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/3/2008-90005-020-\$550.00-\$550.00

|                                            |  |                                                                                   |
|--------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P07000029647</b>             |  |  |
| 1. Entity Name<br><b>ITALIA 2006, INC.</b> |  |                                                                                   |

**FILED**

08 OCT -6 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (4/08)

|                                                                                                |                                                                                    |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>8004 COATS ROW PLACE<br/>UNIVERSITY PARK FL 34201<br/>US</b> | Mailing Address<br><b>8004 COATS ROW PLACE<br/>UNIVERSITY PARK FL 34201<br/>US</b> |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

|                                                                                          |                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>26-8573900</b>                                                       | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                        |

|                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>LOGRANDE, SALVATORE<br/>8004 COATS ROW PLACE<br/>UNIVERSITY PARK FL 34201</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reappointing)

|                                                                                                                       |                                                                                                                                                                                                           |                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$550.00<br/>DUE BY September 3, 2008<br/>Make Check Payable to Florida Department of State</b> | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                                                              |                                 |
|-----------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                      | <input type="checkbox"/> Delete |
| <b>P<br/>LOGRANDE, SALVATORE<br/>8004 COATS ROW PLACE<br/>UNIVERSITY PARK FL 34201</b>  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                      | <input type="checkbox"/> Delete |
| <b>VP<br/>LOGRANDE, FRANCESCO<br/>8004 COATS ROW PLACE<br/>UNIVERSITY PARK FL 34201</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                      | <input type="checkbox"/> Delete |
| <b>SEC<br/>LOGRANDE, ANTHONY<br/>8004 COATS ROW PLACE<br/>UNIVERSITY PARK FL 34201</b>  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                      | <input type="checkbox"/> Delete |
|                                                                                         |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                      | <input type="checkbox"/> Delete |
|                                                                                         |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                      | <input type="checkbox"/> Delete |
|                                                                                         |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                       |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                       |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                       |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                       |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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.

SIGNATURE: *Salvatore Logrande* **8/29/03** **941-747-9900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #