2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000033874

Entity Name: TUSCANY INTERNATIONAL, PA

FILED Apr 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13180 N CLEVELAND AVE STE 135 15260 SAM SNEAD LN

FORT MYERS, FL 33903 NORTH FORT MYERS, FL 33917

Current Mailing Address: New Mailing Address:

13180 N CLEVELAND AVE STE 135 15260 SAM SNEAD LN

FORT MYERS, FL 33903 NORTH FORT MYERS, FL 33917

FEI Number: 20-8600006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SWAN, LAWRENCE 1749 NE 10TH TERRACE UNIT 4 CAPE CORAL, FL 33909 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV () Delete Title: DPV (X) Change () Addition

 Name:
 GHOLSON, CAROL
 Name:
 GHOLSON, CAROL

 Address:
 13180 N CLEVELAND AVE STE 135
 Address:
 15260 SAM SNEAD LN

City-St-Zip: FORT MYERS, FL 33903 City-St-Zip: NORTH FORT MYERS, FL 33917

Title: ST () Delete Title: ST (X) Change () Addition

Name: GHOLSON, CAROL Name: GHOLSON, CAROL

 Address:
 13180 N CLEVELAND AVE STE 135
 Address:
 15260 SAM SNEAD LN

 City-St-Zip:
 FORT MYERS, FL 33903
 City-St-Zip:
 NORTH FORT MYERS, FL 33917

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: CAROL ANN GHOLSON DPV 04/12/2008