2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000094959

Entity Name: LUCARELLI GROUP, INC.

Current Principal Place of Business:

5640 TAYLOR RD.
E5
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5640 TAYLOR RD.
E5
NAPLES, FL 34109

New Mailing Address:

FEI Number: 26-0774165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAGAIN FINANCIAL INC.
27299 RIVERVIEW CENTER BLVD.
102
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: LUCARELLI, ANGELO
Address: 400 EUCLID AVE
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete
Name: LUCARELLI, CESARE
Address: 614 CORBEL DR
City-St-Zip: NAPLES, FL 34101

Title: T ( ) Delete
Name: LUCARELLI, DOMINICK
Address: 1325 MARIPOSA CIR APT 103
City-St-Zip: NAPLES, FL 34105

Title: V ( ) Delete
Name: LUCARELLI, GIACOMO
Address: 2209 NOBLE CT
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CESARE LUCARELLI S 04/30/2009

Electronic Signature of Signing Officer or Director — Date