2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000058961

Entity Name: CONFORTI GENERAL, INC.

FILED Apr 28, 2009 Secretary of State

Littly Name: CONFORTIGENERAL, INC.				
Current Pr	incipal Place of Business:	New Principal I	Place of Business:	
14105 MCC TAMPA, FL	CORMICK DRIVE . 33626			
Current Ma	ailing Address:	New Mailing A	New Mailing Address:	
14105 MCCORMICK DRIVE TAMPA, FL 33626 US		14105 MCCORMICK DRIVE TAMPA, FL 33626		
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable	(X) Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:	
YOUNG, BRUCE R ESQUIRE SEIN PROFESSIONAL CENTER 36402 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684 US		14105 MC ĆORI	CONFORTI, STEVEN 14105 MC CORMICK DRIVE TAMPA, FL 33626 US	
The above in the State	named entity submits this statement for the purport of Florida.	oose of changing its reg	istered office or registered agent, or both,	
SIGNATURE: STEVEN CONFORTI			04/28/2009	
Electronic Signature of Registered Agent			Date	
Election Carr	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete CONFORTI, STEVEN 2943 WENTWORTH WAY TARPON SPRINGS, FL 34688 US	Address: 3050	(X) Change () Addition FORTI, STEVEN I MAPLE TRACE PON SPRINGS, FL 34688 US	
Title: Name: Address: City-St-Zip:	VP () Delete CONFORTI, MICHAEL 3026 WENTWORTH WAY TARPON SPRINGS, FL 34688 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete CONNOR, ROXANNE 2884 KENSINGTON TRACE TARPON SPRINGS, FL 34688 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete CONFORTI, SCOTT 266 RUE DES LACS TARPON SPRINGS, FL 34688 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: STEVEN CONFORTI P 04/28/2009