

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34380

**FILED**  
**Mar 12, 2007**  
**Secretary of State**

**Entity Name:** ROBERT LORELLI ASSOCIATES, INC.

**Current Principal Place of Business:**

217 MERRICK RD  
SUITE 109  
AMITYVILLE, NY 117013449 US

**New Principal Place of Business:**

18 HICKORY BEND  
SPEONK, NY 11972 US

**Current Mailing Address:**

217 MERRICK RD  
SUITE 109  
AMITYVILLE, NY 117013449 US

**New Mailing Address:**

18 HICKORY BEND  
PO BOX 446  
SPEONK, NY 11972 US

**FEI Number:** 11-3058651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PSD ( ) Delete  
Name: LORELLI, ROBERT,  
Address: 488 SOUTH 4TH STREET  
City-St-Zip: LINDENHURST, NY 11757 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT A LORELLI

PRES

03/12/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date