2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Mar 12, 2007 08:00 AM DOCUMENT # P93000070493 **Secretary of State** 1. Entity Name CIELLO DELLA MARE, INC. Principal Place of Business Mailing Address P.O. BOX 3035 VERO BEACH FL 32960 333 17TH ST. SUITE Ú VERO BEACH FL 32960 2. Principal Place of Businoss - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Numbor 65-0460329 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo GOLDEN, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 333 17TH ST. SUITE U VERO BEACH FL 32960 Zip Code City 8. The above named onlity 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, typod or printed hame of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE HILE ☐ Delete GOLDEN, RICHARD W NAME NAME 333 17TH STREET, SUITE U STRILL ADDRESS STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP CITY - ST - 7IP U000006634472 Change Addition Delete IIItE TITLE ŹŸĎŤ–ŠĎĎÓ4–017 150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIF ☐ Change Addition TITLE ☐ Delete IDH. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition HIII. Delete TITLE NAMI' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition Delete uin: HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition ☐ Defele TITLL THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under oath; that I am an efficie 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