


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90131 036 ***150.00

DOCUMENT # P94000004081

1. Entity Name
A - SALO & SALO, INC.



Principal Place of Business
**16251 SLATER ROAD, UNIT 5
 NORTH FT MEYERS, FL 33917**

Mailing Address
**16251 SLATER ROAD, UNIT 5
 NORTH FT MEYERS, FL 33917**

40053100



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
7170 NALLE GRADE RD.
 Suite, Apt. #, etc.

03142006 Chg-P CR2E034 (11/05)

City & State
N. FT. MYERS, FL

City & State
N. FT. MYERS, FL

Zip
33917

Country
USA.

4. FEI Number
65-0463450

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALO, DAVID
 7170 NALLE GRADE ROAD
 FORT MYERS, FL 33917**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALO, DAVID 7170 NALLE GRADE RD NORTH FT MEYERS, FL 33917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3-14-06 239 731-3133
 Date Daytime Phone #