## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P95000008612

1. Entity Name

Principal Place of Business

AL NALLI PRODUCTIONS, INC.



Mailing Address

4851 GRIFFIN BLVD.
FORT MYERS, FL 33908

4851 GRIF

4851 GRIFFIN BLVD. FORT MYERS, FL 33908

## FILED May 01, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

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04252007	No Chg-P	CR2E034 (11/05)	

4. FEI Number	 Applied For
65-0561400	Not Applicabl
E. Continue of Contro Decreed	 \$8.75 Additional

5. Certificate of Status Desired

\$8.75 Addition Fee Required

6. Name and Address of Current Registered Agent

ALLAN

LI, ALLEN W

1. CDIEFIN BLVD

NALLI, ALLEN W 4851 GRIFFIN BLVD FORT MYERS, FL 33908

## DO NOT WRITE IN THIS SPACE

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   am familiar with, and accept the obligations of registered agent.							
SIGNATURE_	Signature, typed or printed name of registered agent and title if	Languaghia (NOTE Benisterar	1 Arient signature	required when reinstating)	DATE		
	Opinion, types of printed value in opinion a special and little	application (note hogistores	a Agent signature	(tedored witer remistating)	DAIL		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.		icing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS					
TITLE	D						
NAME	NALLI, ALLAN W						
STREET ADDRESS	4851 GRIFFIN BLVD						
CITY-ST-ZIP	FORT MYERS, FL 33908		ŀ				
TITLE			1		H00000752980		
NAME					U00000752980 05/22/07-80003-001 150.00		
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CITY-ST-ZIP							
TITLE			1				

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:

NAME STREET ADDRESS CITY-ST-ZIP

A AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07 239-415-1712