2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P9500008612 1. Entity Name AL NALLI PRODUCTIONS, INC.						05-02-2008	90144 01	18 ***150	0.00
Principal Place of Business Mailing Addr					1				
4851 GRIFFIN BLVD.		4851 GRIFFIN BLVD.							
FORT MYERS, FL 33908		FORT MYERS, FL 33908				HING DIN CRIN STN ARN	E SOIN BOFON IDII	# \$ 61 6 6 MB	SOL IZ HOYI
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04292008	Chg-P	CR2E03	4 (12/06)	
Country		City & State		4. FEI Numbe 65-0561				olied For Applicable	
Zip	: Country	Zip	Coun	try	5. Certificate of	of Status Desired		8.75 Addi	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
A				Name					
NALLI, ALLEN W 4851 GRIFFIN BLVD FORT MYERS, FL 33908				Street Address (P.O. Box Number is Not Acceptable)					
The state of the s									
The second						FL			
	named entity submits this statement for ions of registered agent,	or the purpose of changing its	s register	ed office or registe	ered agent, or both	h, in the State of Flo	orida. I am fa	amiliar with, a	and accept
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered agen	and the mappicable. (190	TE. INDUISIESE	rs where artisans and res	ou when to assaulty		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Con			5.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	SIN 11
TITLE	D	☐ Delate		E				Change	Addition
NAME STREET ADDRESS	NALLI, ALLAN W 4851 GRIFFIN BLVD		NAM	IE Eet address					
CITY-ST-ZIP	FORT MYERS, FL 33908			'-ST-ZIP					
TITLE			TITL	E				Change	Addition
NAME	—		NAM						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				'-ST-ZIP			•••		
TITLE	☐ Delete		· TITE Nan					☐ Change	☐ Addition
STREET ADDRESS		• -	2	EET ADDRESS		·			-
CITY-ST-ZIP			CITY	'-ST-ZIP					
TITLE		☐ Delete	TITE	E				☐ Change	☐ Addition
NAME			NAN						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP					
TITLE	,, <u> </u>	☐ Delete	TITL					Change	Addition
NAME			NAM						
STREET ADDRESS			` .	EET ADDRESS					
CITY-ST-ZIP			—⊢	Y-ST-ZIP					
TITLE		☐ Delete	31TL NAS			-		Change	☐ Addition
NAME STREET ADDRESS			NAA STR	EET ADDRESS					
CITY-ST-ZIP				r-ST-ZIP					
12 Lhereby	certify that the information supplied wi	th this filing does not qualify	for the ex	emptions contains	ed in Chapter 119	, Florida Statutes.	I further cert	ify that the in	nformation

12. Thereby certify that the information supplied with this liling does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECT

11. 4-29-08 Date Davi

171 OC