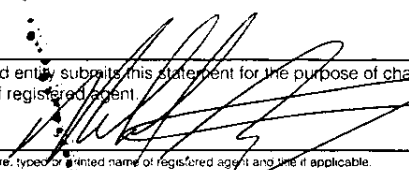
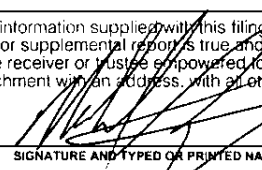


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90115 011 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                                                                                                           |                                                                                                                     |                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P96000002647</b><br>1. Entity Name<br><b>NICHOLAS J. RIZZO ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                                                                                                           |                                                                                                                     |                  |  |
| Principal Place of Business<br><b>9444 MIAMI CIR<br/>PORT CHARLOTTE, FL 33981 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                                                                                                                                                                                           | Mailing Address<br><b>9444 MIAMI CIR<br/>PORT CHARLOTTE, FL 33981 US</b>                                            |                                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>8098 TRACY CIRCLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   | 3. Mailing Address<br><b>8098 TRACY CIRCLE</b>                                                                                                                                                                            |                                                                                                                     |                                                                                                   |  |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   | Suite, Apt. #, etc.<br>                                                                                                                                                                                                   |                                                                                                                     |                                                                                                   |  |
| City & State<br><b>PORT CHARLOTTE, FL.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   | City & State<br><b>PORT CHARLOTTE, FL.</b>                                                                                                                                                                                |                                                                                                                     | 4. FEI Number<br><b>59-3358287</b>                                                                |  |
| Zip<br><b>33981</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   | Country<br><b>USA</b>                                                                                                                                                                                                     |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RIZZO, NICHOLAS J<br/>9444 MIAMI CIR<br/>PORT CHARLOTTE, FL 33981</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   | 7. Name and Address of New Registered Agent<br>Name <b>NICHOLAS RIZZO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8098 TRACY CIRCLE</b><br>City <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code <b>33981</b> |                                                                                                                     |                                                                                                   |  |
| 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.<br>SIGNATURE  DATE <b>3-5-08</b><br><small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                 |                                                                                                   |                                                                                                                                                                                                                           |                                                                                                                     |                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                                                                                                                                                                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                                                                                                                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>P</b><br><b>RIZZO, NICHOLAS J.</b><br><b>9444 MIAM CIR</b><br><b>PORT CHARLOTTE, FL 33981</b>  |                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>P</b><br><b>NICHOLAS RIZZO</b><br><b>8098 TRACY CIRCLE</b><br><b>PORT CHARLOTTE, FL. 33981</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>S</b><br><b>RIZZO, ROSEMARY T.</b><br><b>9444 MIAMI CIR</b><br><b>PORT CHARLOTTE, FL 33981</b> |                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>S</b><br><b>ROSEMARY RIZZO</b><br><b>8098 TRACY CIRCLE</b><br><b>PORT CHARLOTTE, FL. 33981</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                   |                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                   |                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                   |                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                   |                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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 an other like empowered. |                                                                                                   |                                                                                                                                                                                                                           |                                                                                                                     |                                                                                                   |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                                                                                                                                                                                           | <b>4-15-08</b> <b>841-492-6693</b><br><small>Date Daytime Phone #</small>                                           |                                                                                                   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                                                                                                                           |                                                                                                                     |                                                                                                   |  |