
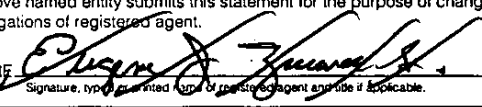



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90010 028 \*\*\*150.00

<b>DOCUMENT # P96000053845</b> 1. Entity Name <b>EUGENE J. ZICCARELLI, SR., INC.</b>					
Principal Place of Business <b>4400 W. SAMPLE ROAD #112 CORAL SPRINGS, FL 33067</b>			Mailing Address <b>4400 W. SAMPLE ROAD #112 CORAL SPRINGS, FL 33067</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
			4. FEI Number <b>01272006      Chg-P      CR2E034 (11/05)</b> <b>65-0675589</b>		
			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>ZICCARELLI, EUGENE J SR 4304 NW 67 WAY CORAL SPRINGS, FL 33067</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  (NOTE: Registered Agent signature required when reinstating)      DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD ZICCARELLI, EUGENE J SR 4304 NW 67 WAY CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: 			Date: <b>1/31/06</b> Daytime Phone: <b>954-977 4457</b>		

ATTACHMENT

40008297

# P96000053845

INSTRUCTIONS: 2006 CORPORATE ANNUAL REPORT

ENCLOSED IS YOUR 2006 CORPORATION UNIFORM BUSINESS REPORT.

PLEASE REVIEW ALL NAMES AND ADDRESS TO BE CURRENT. MAKE ANY CHANGES THAT APPLY ON THE APPROPRIATE LINES.

THIS APPLICATION MUST BE FILED OR THE CORPORATION WILL BE DISSOLVED.

PLEASE BE TIMELY WITH PAYMENT.

MAKE CHECK FOR: \$ 150.00

MAKE CHECK PAYABLE TO: DEPARTMENT OF STATE

SIGN AND DATE FORM: OFFICER OF COMPANY

MAIL TO: DIVISION OF CORPORATIONS  
ANNUAL REPORTS  
PO BOX #1500  
TALLAHASSEE, FL 32302-1500

MAIL BY: APRIL 30, 2006

AFTER MAY 1 FEE DUE IS \$550.00

John

Pay this - you can pay by check,  
or online with a credit card.

Laura