


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90012 028 \*\*\*150.00

DOCUMENT # P97000029389					
1. Entity Name CAMPANELLI DESIGN & COMMUNICATIONS, INC.					
Principal Place of Business 8158 A THAMES BLVD. BOCA RATON, FL 33433 US			Mailing Address 8158 A THAMES BLVD. BOCA RATON, FL 33433 US		
2. Principal Place of Business 20950 Rustlewood Avenue Suite, Apt. #, etc.		3. Mailing Address 20950 Rustlewood Avenue Suite, Apt. #, etc.		06302006 Chg-P CR2E034 (11/05)	
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 65-0755649	
Zip 33428		Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33428		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSE, LISA 8158 A THAMES BLVD. BOCA RATON, FL 33433				7. Name and Address of New Registered Agent	
				Name Rose, Lisa	
				Street Address (P.O. Box Number is Not Acceptable) 20950 Rustlewood Avenue	
				City Boca Raton FL Zip Code 33428	
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: <i>Lisa Rose</i>		Lisa Rose		President	
				9-4-06	
				DATE	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSE, PAUL 8158 A THAMES BLVD BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSE, PAUL 20950 Rustlewood Avenue Boca Raton, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, LISA 8158 A THAMES BLVD BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, LISA 20950 Rustlewood Avenue Boca Raton, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Lisa Rose</i>		Lisa Rose		9-4-06	
				561-447-6652	
				Date Daytime Phone #	