


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90007 008 \*\*\*150.00

<b>DOCUMENT # P97000056819</b>	
1. Entity Name <b>PETTINELLA FAMILY HOLDINGS, INC.</b>	

Principal Place of Business <b>1136 ROUTE 9, SUITE U-1 WAPPINGERS FALLS, NY 12590</b>	Mailing Address <b>1136 ROUTE 9, SUITE U-1 WAPPINGERS FALLS, NY 12590</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
02072006 Chg-P	CR2E034 (11/05)
4. FEI Number <b>58-2336322</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>MARTINI, GREGORY T 2655 LEJEUNE RD. STE. 1101 CORAL GABLES, FL FL</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<b>DPTM</b> <input type="checkbox"/> Delete
NAME	<b>PETTINELLA, JOSEPH A</b>
STREET ADDRESS	<b>35 BURTIS PATH</b>
CITY-ST-ZIP	<b>HOPEWELL JCT, NY 12533</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>PETTINELLA, ALBERT SR</b>
STREET ADDRESS	<b>21 PENNY PL</b>
CITY-ST-ZIP	<b>FISHKILL, NY 12524</b>
TITLE	<b>DV</b> <input type="checkbox"/> Delete
NAME	<b>PETTINELLA, ALBERT JR</b>
STREET ADDRESS	<b>16 BLUEBERRY DR</b>
CITY-ST-ZIP	<b>WINGDALE, NY 12594</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>MARTINELLI, NANCY</b>
STREET ADDRESS	<b>21 PENNY PL</b>
CITY-ST-ZIP	<b>FISHKILL, NY 12524</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>35 BURTIS PATH</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8 Albertanna Court</b>
STREET ADDRESS	<b>Hopewell Junction, New York 12533</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8 Albertanna Court</b>
STREET ADDRESS	<b>Hopewell Junction, New York 12533</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  **President** **2/8/2006** **(914)**  
**255-2245**