

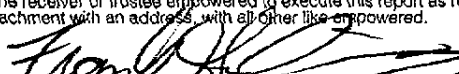


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000063783</b>		
1. Entity Name <b>GIULIO, INC.</b>		
Principal Place of Business <b>4417 SW 18TH PL CAPE CORAL, FL 33914</b>	Mailing Address <b>4417 SW 18TH PL CAPE CORAL, FL 33914</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01042006 No Chg-P CR2E034 (11/05)		
4. FEI Number <b>65-0770149</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>GIULIANO, FRANK 4417 SW 18 PL CAPE CORAL, FL 33914</b>		<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> 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</b> May Be Added to Fees
		<b>U00000443578 03/06/06-80015-022 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIULIANO, FRANK 4417 SW 18 PL CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIULIANO, MARLENE 4417 SW 18 PL CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIULIANO, JOHN 806 SE 46TH STREET, 2-E CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORGAN, DOUG 1713 SW 43RD LANE CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: 		<b>2-15-06</b> <b>239-470-8632</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #