2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 08:00 AM Secretary of State

DOCUMENT # P97000066084 1. Entity Name SANTILLI MANAGEMENT INC.			Secretary of State
12829 THIRD ISLE P.	ling Address D. BOX 5602 IDSON, FL 34674		
		was a second	
DO NOT WRITE IN	THIS SPA	CE	03212005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For
			59-3464097 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registe	ered Agent		
SANTILLI, DANNY 12829 THIRD ISLE HUDSON, FL 34667	<u>-</u>		IN THIS SPACE
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 egent and title if it.	applicable. (NOTE. Registere	nd Agent signature required	d when reinstaling) DATE ,
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees
10. OFFICERS AND DIRECT	roas		The state of the s
NAME SANTILLI, D J SYREET ADDRESS 12829 3RD (SLE CITY-ST-ZIP HUDSON, FL 34667			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000281649 03/31/05-80011-015 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered changed, or on an attachment with all address, with all or the corporation.	ng does not qualify for the exe id accurate and that my signa to execute this report as requi other like empowered.	mption stated in Se ture shall have the t ired by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: 3-21-05 727-862-2725 SIGNATURE: Date Dayling OFFICER OR DIRECTOR Date Outpine Prome #			