
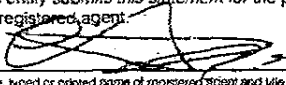
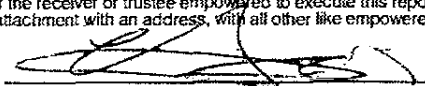


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000033731 1. Entity Name TASTE OF ITALY, INC.		
Principal Place of Business 322 JOHN RINGLING BLVD. SARASOTA, FL 34236	Mailing Address 322 JOHN RINGLING BLVD. SARASOTA, FL 34236	
4. FEI Number 59-3504350		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DRAKE, J. KEVIN 1432 FIRST STREET SARASOTA, FL 34236		
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:  1/17/07 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	PSTD	
NAME	TRIPOLI, COSIMO	
STREET ADDRESS	322 JOHN RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  1/17/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3504350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/29/07-80004-022 150.00