

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000049930

FILED
Apr 04, 2005
Secretary of State

Entity Name: SORRENTINO ASSET MANAGEMENT, INC.

Current Principal Place of Business:

3033 RIVIERA DR.
SUITE 106
NAPLES, FL 34103

New Principal Place of Business:

119 NORFOLK AVE
SUITE 110
ROANOKE, VA 24011

Current Mailing Address:

3033 RIVIERA DR.
SUITE 106
NAPLES, FL 34103

New Mailing Address:

119 NORFOLK AVE
SUITE 110
ROANOKE, VA 24011

FEI Number: 65-0840367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORRENTINO, ROBERT J
3033 RIVIERA DR., SUITE 103
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

FAGA, ANTONIO
7955 AIRPORT ROAD
SUITE 101
NAPLES, FL 34109 US

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.

SIGNATURE: ANTONIO FAGA

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SORRENTINO, ROBERT J
Address: 1044 CASTELLO DR, #203
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: FAGA, ANTONIO
Address: 375 12TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: MCCREADY, JAMES
Address: 4351 GULF SHORE BLVD. N #17N
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SORRENTINO, ROBERT J
Address: 119 NORFOLK AVE SUITE 110
City-St-Zip: ROANOKE, VA 24011

Title: D (X) Change () Addition
Name: FAGA, ANTONIO
Address: 7955 AIRPORT ROAD
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change () Addition
Name: MCCREADY, JAMES
Address: 119 NORFOLK AVE
City-St-Zip: ROANOKE, VA 24011

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. SORRENTINO

D

04/04/2005

Electronic Signature of Signing Officer or Director

Date