
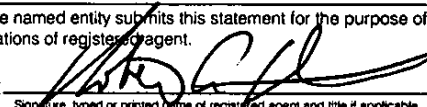
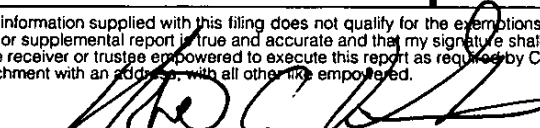


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

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| DOCUMENT # P98000064227 1. Entity Name DIGIANNURIO, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 1917 N STATE RD 7 MARGATE, FL 33063 | | | Mailing Address 1917 N STATE RD 7 MARGATE, FL 33063 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Zip | | City & State Zip | | 4. FEI Number 65-0856991 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent GASS, DANIEL G 10001 NW 50TH ST, STE 204 SUNRISE, FL 33351 | | | | 7. Name and Address of New Registered Agent Name Robert A D. Giannunzio Street Address (P.O. Box Number is Not Acceptable) 1904 Bermuda Cir C3 City Coconut Creek FL Zip Code 33066 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  DATE 2/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DI GIANNURIO, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1904 BERMUDA CIR C3</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>COCONUT CREEK, FL 33066</td> <td></td> </tr> </table> | | | TITLE | NAME | <input type="checkbox"/> Delete | NAME | DI GIANNURIO, ROBERT | | STREET ADDRESS | 1904 BERMUDA CIR C3 | | CITY-ST-ZIP | COCONUT CREEK, FL 33066 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| 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:  | | | Date 2/11/08 Daytime Phone # 954 971 3733 | | | | | | | | | | | | | | | | | | | | | | | | | | |