


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90008 043 ***150.00

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| DOCUMENT # P98000066299 |  |
| 1. Entity Name PANE RUSTICA, INC. | |

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| Principal Place of Business 2821 MACDILL AVE S. TAMPA, FL 33629 | Mailing Address 2821 MACDILL AVE S. TAMPA, FL 33629 |
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| 2. Principal Place of Business 3225 S. Mac Dill Ave | 3. Mailing Address 3225 S. Mac Dill Ave |
| Suite, Apt. #, etc. Suite 119 | Suite, Apt. #, etc. Suite 119 |
| City & State Tampa, FL | City & State Tampa, FL |
| Zip 33629 | Country USA |



01102005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3524954 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CUNNINGHAM, CPA, CARLTON 3242 HENDERSON BLVD SUITE 301 TAMPA, FL 33609 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 of holder or other authorized agent of the corporation. (If the corporation is a partnership, the signature of the partner or other authorized agent is required.) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | D BLOOD-KRUSZEWSKI, KAREN T 3119 GRANADA ST TAMPA, FL 33629 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D KRUSZEWSKI, KEVIN A 3119 GRANADA ST TAMPA, FL 33629 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Karen Blood-Kruszewski **Karen Blood-Kruszewski** 1/10/05 (813) 902-8828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR