

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90025 042 ***150.00

DOCUMENT # P98000105309
 1. Entity Name
 AZZARELLI PROPERTIES, INC.



Principal Place of Business: 100 W. KENNEDY BLVD. #720 TAMPA, FL 33602
 Mailing Address: 100 W. KENNEDY BLVD. #720 TAMPA, FL 33602

60003209

2. Principal Place of Business: 9000 N. 18th St. Suite A Tampa, FL 33604
 3. Mailing Address: 9000 N. 18th St. Suite A Tampa, FL 33604



01042006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-3552878 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 AZZARELLI, THOMAS J
 100 W KENNEDY BLVD
 STE 720
 TAMPA, FL 33602

7. Name and Address of New Registered Agent
 Name: [Blank]
 Street Address (P.O. Box Number is Not Acceptable): 9000 N. 18th St. Suite A
 City: Tampa FL Zip Code: 33604

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: *Thomas J Azzarelli* DATE: 1/10/06

9... Election Campaign Financing: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | | | |
|----------|---------------------------|---|------------------------------|---------------------------------|
| TITLE: P | NAME: AZZARELLI, THOMAS J | STREET ADDRESS: 100 W KENNEDY BLVD #720 | CITY-ST-ZIP: TAMPA, FL 33602 | <input type="checkbox"/> Delete |
| TITLE: | NAME: | STREET ADDRESS: | CITY-ST-ZIP: | <input type="checkbox"/> Delete |
| TITLE: | NAME: | STREET ADDRESS: | CITY-ST-ZIP: | <input type="checkbox"/> Delete |
| TITLE: | NAME: | STREET ADDRESS: | CITY-ST-ZIP: | <input type="checkbox"/> Delete |
| TITLE: | NAME: | STREET ADDRESS: | CITY-ST-ZIP: | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|----------------|---------------|--|------------------------------|--|
| TITLE: [Blank] | NAME: [Blank] | STREET ADDRESS: 9000 N. 18th St. Suite A | CITY-ST-ZIP: Tampa, FL 33604 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | NAME: | STREET ADDRESS: | CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | NAME: | STREET ADDRESS: | CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | NAME: | STREET ADDRESS: | CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | NAME: | STREET ADDRESS: | CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Thomas J Azzarelli* DATE: 1/10/06 DAYTIME PHONE: 813-935-9829