2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # P99000059014 1. Entity Name BENEDETTO ENTERPRISES, INC. Principal Place of Business Mailing Address 4229 E MAIN ST 4229 E MAIN ST JUPITER, FL 33458 JUPITER, FL 33458 No Chg-P CR2E034 (11/05) 03012006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0931394 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BENEDETTO, ALDO DO NOT WRITE 6310 LESLIE STREET JUPITER, FL 33458 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) U00000521213 05/02/06-80125-023 150.00 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PΠ TITLE BENEDETTO, ALDO R NAME 4229 E MAIN ST STREET ADDRESS CITY-ST-7IP JUPITER, FL 33458 TITLE NAME BENEDETTO, DIANNE STREET ADDRESS 4229 E MAIN ST CITY-ST-ZIP JUPITER, FL 33458 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

polied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information suindicated on this report or supplement of the corporation or the receiver of changed, or on an attachment with

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #