2006 FOR PROFIT CORPORATION

Feb 13, 2006 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P99000109061 02-13-2006 90021 018 ***150 00 1. Entity Name ANTENNA ITALIA CORP. Principal Place of Business Mailing Address 1000 WINDERLEY PLACE 1000 WINDERLEY PLACE UNIT 8 UNIT 8 MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business . Mailing Address 740 PARKSIDE POINTE BLVD POINTE BLUD 740 PARKSIDE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3620817 FUDRIDA APOPKA FLORIDA APOPKAL Not Applicable Country US A Country \$8.75 Additional 5. Certificate of Status Desired 32712 US A 32712 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNARD FRATTA LA FRATTA, BERNARD Street Address (P.O. Box Number is Not Agceptable) 1000 WINDERLEY PLACE UNIT 8 MAITLAND FL 32751 City HPOPKA 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change LA FRATTA BERNARD 740 PARKSIDE POINTE BLUP APOPKA, FL. 32712 LA FRATTA, BERNARD NAME STREET ADDRESS 1000 WINDERLEY PL UNIT 8 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP ☐ Delete O'NEIL TERRY 740 PARKSIDE POINTE-BLUD NAME O'NEIL, TERRY NAME STREET ADDRE CITY-ST-7IP CiTY-ST-ZIP MAITLAND FL 32751 ☐ Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Section 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.

[SIERUARO Ly]

[BATTA] FEB 1, 2006 (407) 814-2245 SIGNATURE: