

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S88512

Entity Name: CARILLI, INC.

FILED
Mar 13, 2007
Secretary of State

Current Principal Place of Business:

3658 NOVA RD
PORT ORANGE, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 290459
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-3088682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARE, FRED B.
1092 RIDGEWOOD AVE
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MIALKI, ANGELA,
Address: 2346 JERRY CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: PS () Delete
Name: MIALKI, JOSEPH JR,
Address: 2376 MEADOW LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: VT () Delete
Name: MIALKI, ANDREW,
Address: 2205 HIDDEN TRAIL
City-St-Zip: NEW SMYRNA, FL 32168

Title: D () Delete
Name: MIALKI, JULIE
Address: 2376 MEADOW LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: D () Delete
Name: MIALKI, JUDY
Address: 2205 HIDDEN TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: MIALKI, ANDREW,
Address: 3712 HONEYDEW LANE
City-St-Zip: NEW SMYRNA, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MIALKI, JUDY
Address: 3712 HONEYDEW LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGIE MIALKI

MRS

03/13/2007

Electronic Signature of Signing Officer or Director

_____ Date