2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02952

Entity Name: SICIL. INC.

FILED Jan 18, 2009 Secretary of State

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|--|--|---|---|--|--|
| Current Principal Place of Business: | | | New Principal Pla | New Principal Place of Business: | |
| 1145 PORT ST LUCIE BLVD PORT ST LUCIE, FL 34950 | | | | 1145 PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952 | |
| Current M | lailing Addre | ss: | New Mailing Add | New Mailing Address: | |
| 1145 PORT ST LUCIE BLVD PORT ST LUCIE, FL 34950 | | | | 1145 PORT ST LUCIE BLVD PORT ST LUCIE, FL 34952 | |
| FEI Number | : 65-0302920 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of (| Current Registered Agent: | Name and Addres | Name and Address of New Registered Agent: | |
| 3330 SE R PORT SAI | IE, GAETANC IIVER VISTA [NT LUCIE, FL | DR . 34952 US | | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing its regist | ered office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electro | nic Signature of Registered Ag | jent | Date | |
| Election Car | npaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHA | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | ANGELONE, M 3330 SE RIVE |) Delete 1ARIA R VISTA DRIVE UCIE, FL 34952 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ANGELONE, G 3330 SE RIVE |) Delete sAETANO R VISTA DRIVE .UCIE, FL 34952 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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: MARIA ANGELONE SEC 01/18/2009