## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V06408

FILED Mar 19, 2009 Secretary of State

Entity Name: ITAL-CAN-AM CORP. OF PINELLAS COUNTY, INC.

urrent Princ	cipal Place of B	usiness:	New Principal F	Place of Business:
625 E. BAY D STE. 310 CLEARWATE		US		
Current Mailing Address:		New Mailing Ac	New Mailing Address:	
O BOX 1488 ARGO, FL 3			P.O. BOX 1488 LARGO, FL 337	779 US
El Number: 59-	-3102082 FEI	Number Applied For()	FEI Number Not Applicable	( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Addi	Name and Address of New Registered Agent:	
RALEY, DOUG 625 E. BAY D CLEARWATE	DR., STE. 310	US	RALEY, DOUGL 4625 E. BAY DR SUITE #310	
	,		CLEARWATER,	FL 33764 US
he above nar the State of	med entity submi			FL 33764 US istered office or registered agent, or both
	med entity submi Florida.			
n the State of	med entity submi Florida.		purpose of changing its reg	istered office or registered agent, or both
n the State of	med entity submi Florida. Electronic Sig	ts this statement for the	purpose of changing its reg	istered office or registered agent, or both 03/19/2009
n the State of SIGNATURE:	med entity submi Florida. Electronic Sig	ts this statement for the nature of Registered Ag	purpose of changing its reg	istered office or registered agent, or both 03/19/2009
n the State of SIGNATURE:  SIEction Campai  DFFICERS AI  itle: P lame: BA ddress: #1	med entity submit Florida.  Electronic Signign Financing Trust	ts this statement for the mature of Registered Ag Fund Contribution ( ).	purpose of changing its reg	istered office or registered agent, or both 03/19/2009 Date
n the State of SIGNATURE:  SIGNATURE:  SIECTION Campai  DFFICERS AI  itle: P lame: B# ddress: #1 itly-St-Zip: BF lame: FC ddress: #1	med entity submit Florida.  Electronic Signign Financing Trust  ND DIRECTORS  ( ) Delete ACCILIERI, ANTOINE TROWNLEE DRIVER RADFORD, ON, CAN	ts this statement for the mature of Registered Ag Fund Contribution ( ).  Fund Contribution ( ).  FITA FERR1	purpose of changing its reg ent  ADDITIONS/CH Title: Name: Address:	03/19/2009 Date  IANGES TO OFFICERS AND DIRECTO

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: STELLA FORTINI VP 03/19/2009