


FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90011 013 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V29754			
1. Entity Name ANTHONY MUTTILLO ENTERPRISES, INC.			
Principal Place of Business 4024 NW SECOND COURT BOCA RATON, FL 33431 US		Mailing Address 4024 NW SECOND COURT BOCA RATON, FL 33431 U	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MUTTILLO, ANTHONY 4024 N.W. 2ND COURT BOCA RATON, FL 33431		Name Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent's signature required when re-issuing)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financial Trust; Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTTILLO, ANTHONY	NAME	
STREET ADDRESS	4024 N.W. 2ND CT	STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON, FL	CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTTILLO, RACHELL	NAME	
STREET ADDRESS	4024 N.W. 2ND CT	STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON, FL	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 registered agent-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.			
SIGNATURE: 		Date: 8-19-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

50062938



05022005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0328995

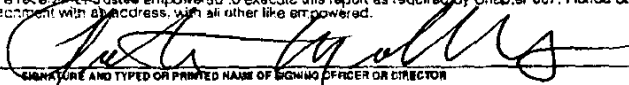
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

SIGNATURE _____ (NOTE: Registered Agent's signature required when re-issuing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financial Trust; Fund Contribution. **\$5.00** May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTTILLO, ANTHONY	NAME	
STREET ADDRESS	4024 N.W. 2ND CT	STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON, FL	CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTTILLO, RACHELL	NAME	
STREET ADDRESS	4024 N.W. 2ND CT	STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON, FL	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

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SIGNATURE:  Date: **8-19-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date