


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000001871

1. Entity Name
BARTOLINI FINANCE CORPORATION



Principal Place of Business
**1850 E. MAIN ST.
MESA, AZ 85203**

Mailing Address
**2626 S FEDERAL HWY.
DELRAY BEACH, FL 33483**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0812783

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARTOLINI, ROBERT R
2626 S. FEDERAL HWY.
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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 signature required when registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BARTOLINI, JAMES E
STREET ADDRESS	8602 E VIA DEL SOL DR
CITY-ST-ZIP	SCOTTSDALE, AZ 85255
TITLE	P
NAME	BARTOLINI, ROBERT R
STREET ADDRESS	8602 E VIA DEL SOL DR
CITY-ST-ZIP	SCOTTSDALE, AZ 85255
TITLE	VP
NAME	BARTOLINI, ROBERT O
STREET ADDRESS	10833 E RAIN TREE DR
CITY-ST-ZIP	SCOTTSDALE, AZ 85255
TITLE	S
NAME	HANCE, EDWARD J
STREET ADDRESS	6684 BROOKHURST CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/03/06-80025-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Robert R Bartolini* 1-24-06 561-272-2989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #