2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082634

Entity Name: PAGLIARO INC.

Address:

City-St-Zip:

392 RIVER ROAD

SHELTON, CT 06484

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 392 RIVER ROAD SHELTON, CT 06484 **Current Mailing Address: New Mailing Address:** 392 RIVER ROAD SHELTON, CT 06484 FEI Number: 06-1214040 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: RAYNOR, ALAN RAYNOR, ALAN 934 CAPŘI ISLES BLVLD 1302 GONDOLA PARK DRIVE VENICE, FL 34292 VENICE, FL 34292 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: 01/15/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PAGLIARO, ROBERT Name: Name: 392 RIVER ROAD Address: Address: City-St-Zip: SHELTON, CT 06484 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: PAGLIARO, ALAN Name: RAYNOR, ALAN 392 CAPRI ISLES BLVD 1302 GONDOLA PARK DRIVE Address: Address: VENICE, FL 34292 VENICE, FL 34292 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition PAGLIARO, FRANK Name: Name: 392 RIVER ROAD Address: Address: City-St-Zip: SHELTON, CT 06484 City-St-Zip: Title: () Delete Title: () Change () Addition PAGLIARO, LIŚA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT PAGLIARO MR. 01/15/2009