2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 11, 2004 08:00 AM Secretary of State **DOCUMENT # 645558** H.S. DEVELOPMENTS (NAPLES), INC. Principal Place of Business Mailing Address 4301 GULF SHORE BLVD, NORTH 4301 GULF SHORE BLVD, NORTH **UNIT 802 UNIT 802** NAPLES, FL 34103 NAPLES, FL 34103 02052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1970634 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STARMAN, SHELDON DO NOT WRITE 4099 TAMIAMI TRAIL N, SUITE 400 NAPLES, FL 34103 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000046325 Trust Fund Contribution. Added to Fees 02/11/04-80098-005 150.00 OFFICERS AND DIRECTORS 10. TITLE SOUPCOFF, HAROLD NAME STREET ADDRESS 1485 WHITEHORSE RD CITY-ST-ZIP DOWNSVIEW, ONTARIO, CD, DPST TITLE SOUPCOFF, HAROLD NAME STREET ADDRESS 1485 WHITEHORSE RD CITY-ST-ZIP DOWNSVIEW, ONTARIO, CD TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tet 5/2004

Daytime Phone #

FILED