

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90139 041 ***150.00



409
 TAMAMI TRAIL



01232006 Chg-P CR2E034 (11/05)

4. FEI Number **59-1970634** Applied For
 Not Applicable

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

DOCUMENT # 645558
 1. Entity Name
H.S. DEVELOPMENTS (NAPLES), INC.

Principal Place of Business
**4301 GULF SHORE BLVD. NORTH
 UNIT 802
 NAPLES, FL 34103**

Mailing Address
**4301 GULF SHORE BLVD. NORTH
 UNIT 802
 NAPLES, FL 34103**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**STARMAN, SHELDON
 4099 TAMAMI TRAIL N, SUITE 400
 NAPLES, FL 34103**

7. Name and Address of New Registered Agent

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 signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS SOUPCOFF, HAROLD 1485 WHITEHORSE RD DOWNSVIEW, ONTARIO, CD.	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SOUPCOFF, HAROLD 1485 WHITEHORSE RD DOWNSVIEW, ONTARIO, CD	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID SOUPCOFF, KAREN 1485 WHITEHORSE ROAD DOWNSVIEW, ONTARIO CANADA M3J 2Z2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID ZUBCOV, ROCHELLE 1485 WHITEHORSE ROAD DOWNSVIEW, ONTARIO CANADA M3J 2Z2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID MARRIOTT, FERN 1485 WHITEHORSE ROAD DOWNSVIEW, ONTARIO CANADA M3J 2Z2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID ORR YVONNE 1485 WHITEHORSE ROAD DOWNSVIEW, ONTARIO CANADA M3J 2Z2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Karen Soupcoff **KAREN SOUPCOFF** MAR 30 2006 416-635-2910
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #