


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90197 012 ****61.25

DOCUMENT # 766367 1. Entity Name NAPLES SUNRISE III, INC.					
Principal Place of Business 1719 TRADE CENTER WAY, #4 NAPLES, FL 34109			Mailing Address PO BOX 8478 NAPLES, FL 34101-8478		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03212007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2325526	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WINKLER, NANCY 1719 TRADE CENTER WAY, #4 NAPLES, FL 34109				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 <u>Nancy Winkler</u> <u>NANCY WINKLER</u> <u>4/6/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAUBERT, JEANETTE		NAME		
STREET ADDRESS	164-6 PALM DR		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, GAVIN		NAME		
STREET ADDRESS	168 PALM DR 2		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34112		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANN, RALEIGH		NAME		
STREET ADDRESS	194 PALM DR #3		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34112		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACDONALD, WILLIAM		NAME		
STREET ADDRESS	180 PALM DR., #2		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34112		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMB, DORIS		NAME		
STREET ADDRESS	180 PALM DR., #5		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34112		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 617, 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: <u>Jeanette Saubert</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/6/07 239-596-7200</u> <small>Date Daytime Phone #</small>		

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