
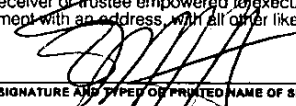


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90097 006 ***150.00

DOCUMENT # L56855					
1. Entity Name COLLIER MANAGEMENT SERVICES, INC.					
Principal Place of Business 3003 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103 US			Mailing Address 3003 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0177966	
Zip	Country	Zip	Country	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	
TAFt, ELEANOR W 3003 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103				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, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLOOD, THOMAS J		NAME		
STREET ADDRESS	3003 TAMiami TRAIL N., 400		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	COCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLIER, MILES C		NAME		
STREET ADDRESS	3003 TAMiami TR N. STE 400		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	COCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLIER, BARRON G II		NAME		
STREET ADDRESS	3003 TAMiami TR N. STE 400		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	UTTER, PATRICK L		NAME		
STREET ADDRESS	3003 TAMiami TR N. STE 400		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONRECODE, THOMAS E		NAME	Taft, Eleanor W	
STREET ADDRESS	3003 TAMiami TR N. STE 400		STREET ADDRESS	3003 Tamiami Trail N., Ste. 400	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	Naples, FL 34103	
TITLE	VTS	<input checked="" type="checkbox"/> Delete	TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORINA, ROBERT		NAME	Corina, Robert D	
STREET ADDRESS	3003 TAMiami TR N. STE 400		STREET ADDRESS	3003 Tamiami Trail N., Ste. 400	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	Naples, FL 34103	
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: 		Eleanor W. Taft		2/1/07 (239) 261-4455	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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