SIGNATURE: X

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # M17782 1. Entity Name LAW OFFICES OF WEBB, SCARMOZZINO & GUNTER, P.A.								04-17-200	6 90 3 99 (008 ***150	0.00
Principal Place of Business 1617 HENDRY ST. THIRD FLOOR FT MYERS, FL 33901 US			Mailing Address 1617 HENDRY ST. THIRD FLOOR FT MYERS, FL 33901 US			- -					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01042006	Chg-P	CR2E	034 (11/05)	
City & State			City & State				4. FEI Numb 59-255			+	plied For t Applicable
Zip			Zip Cour		try	5. Certificate of Status Desired \$8.75 Addition Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
WEBB, DENNIS L. 1617 HENDRY STREET					Street Address (P.O. Box Number is Not Acceptable)						
SUITE 313 FT MYERS, FL 33901					direct vacious (1.0. box names vs. Not Acceptable)						
1 1 W. L. 10, 1 L. 1000 1					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											
	Signature, typed or printed name of register	ed agent and title i	applicable. (NOTE	Registered	d Agent signat	ure 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.							00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS 1					,	ADDITIONS	/CHANGES TO O	FFICERS AN	D DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, DENNIS L. 12760 PENNY LANE FT MYERS, FL 33912		☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARMOZZINO, JAMES M 1617 HENDRY ST., #312 FT. MYERS, FL 33901	1	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNTER, JASON L 1625 HENDRY STREET, S FORT MYERS, FL 33901	STE 103	☐ Delete			161		SON L Y STREET FL 33901	THIRD	Change FLOOR	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ET ADDRESS :ST-ZIP					☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filling 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if											