2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N01000002704

Entity Name: COLLABORATIVE LAWYERS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

3949 EVANS AVE STE 206
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3949 EVANS AVE STE 206
FT MYERS, FL 33901

New Mailing Address:

FEI Number: 65-1124415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, STEPHEN D
3949 EVANS AVE STE 206
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMPSON, STEPHEN D
Address: 3949 EVANS AVENUE, STE 206
City-St-Zip: FT. MYERS, FL 33901

Title: SD ( ) Delete
Name: KANE, JO ELLEN
Address: 3949 EVANS AVENUE, STE 206
City-St-Zip: FT. MYERS, FL 33901

Title: D ( ) Delete
Name: DELIZIA, CAROLYN
Address: 3949 EVANS AVE STE 206
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FINMAN, SHELDON E
Address: 2134 MCGREGOR BLVD.
City-St-Zip: FT. MYERS, FL 33902

Title: D (X) Change ( ) Addition
Name: SPIVEY, TRICIA A
Address: 1619 JACKSON STREET
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN D. THOMPSON PD 04/27/2009

Electronic Signature of Signing Officer or Director — Date