2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCU 1. Entity Nam DISTING					07 M/V	FILE		45					
Principal Place of Business 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114			8	Mailing Address 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114			A CONTROL OF STATE TALL MEASSIE, FLORIDA						
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					05142007	Chg-P		CR2E034	(12/06)	
City & State				City & State				4. FEI Numb 56-242					oplied For ot Applicable
Zip	Country					itry	Fee Fee			8.75 Add e Require			
	tered Agent		Name		7. Name and	Address of	New Regi	stered Ag	ent				
WOODWARD, MARK J ESQ 3200 TAMIAMI TRAIL N. SUITE 200					Street Address (P.O. Box Number is Not Acceptable)								
NAPLES, FL 34103					City	-tn_							
The above named entity submits this statement for the purpose of changing its register							reaistere	ed agent, or bo	oth, in the State	e of Florid	FL a Lam fan	Zip Cod	
the obligat	tions of regist		,										and addspr
SIGNATURE.	Signature, typed	or printed name of registered agent	and title	f applicable. (NOTE	Registere	d Agent signature	e sequired	when reinstating)			DATE		
Amended AR is \$61.25 9. Election Ca Trust Fund						ncing	\$5 , Adde	00 May Be ed to Fees					
10.	PD	OFFICERS AND	CTORS EXpelete	11.		PD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
NAME STREET ADDRESS CITY-ST-ZIP	DINARDO, AUBREY J 8156 FIDDLERS CREEK PKWY NAPLES, FL 34114					E ET ADDRESS	FERE 8156	RAO, AUE 5 Fiddle les, FL	r's Cre	ek Pa			XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Delete PARISI, JOSEPH L 8156 FIDDLERS CREEK PKWY NAPLES, FL 34114					E E ET ADDRESS -ST-ZIP	*.	□ Change □ Addition □ 000103893360 06/05/0701010018 **61.25					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Delete WOODWARD, MARK J 3200 TAMIAMI TRAIL N NAPLES, FL 34103					E ET ADDRESS -ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		\$151	31	☐ Delete			_] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete] Change	Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete] 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 it made under oath; that I am an officer or director of the corporation or the receiver or tracted 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:													
SIGNAT	SIGNATURE: May 16, 2007 (239) 732-9400 signature and type or Painted Name of Signing Officer of Director Date Date Date Description Descripti												