2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004576

FILED Jan 21, 2006 Secretary of State

Entity Nan	ne: NAPLES	INVESTIGATIONS, INC.					
Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:			
	ND CIRCLE # L 341102403			700 DIAMOND CIRCLE #6 NAPLES, FL 341102403 US			
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:			
700 DIAMOND CIRCLE #6 NAPLES, FL 341102403			700 DIAMOND CIRCLE #6 NAPLES, FL 341102403 US				
FEI Number:	20-2175795	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desir	ed()	
Name and	Address of C	Current Registered Agent:	Name and Address of New Registered Agent:				
	RONALD L ES EWOOD DR S EL 34108 U	STE 101					
The above in the State	named entity s of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent	, or both,	
SIGNATUR	RE:						
Election Carr		nic Signature of Registered Age g Trust Fund Contribution ().	ent		Date		
	AND DIREC		ADDITION	IS/CHANGE	S TO OFFICERS AND DI	IRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	CABECEIRAS, 700 DIAMOND NAPLES, FL 3- D () LAHAN, RICHAI 410 ROBIN HON NAPLES, FL 3- D ()	CIRCLE #6 41102403 Delete RD G OD CIRCLE #102 4104	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	CABECEIRAS 700 DIAMON NAPLES, FL D (LAHAN, RICH 410 ROBIN H NAPLES, FL	34110 US X) Change () Addition IARD G OOD CIRCLE #102 34104 US X) Change () Addition		
Name: Address:	BONGARZONE 2 RUBY LANE		Address:	BONGARZON 2 RUBY LANE			
City-St-Zip:	NAPLES, FL 3	Delete	City-St-Zip: Title:	NAPLES, FL	X) Change()Addition		
Name: Address: City-St-Zip:	KOSCIUSKO, C 4587 CHIPPEN NAPLES, FL 34	CHARLES L DALE DR	Name: Address: City-St-Zip:	KOSCIUSKO 4587 CHIPPE NAPLES, FL	, CHARLES L ENDALE DR		
Title: Name: Address: City-St-Zip:	D (X) BERRY, PATRI 277 JOHNNYCA NAPLES, FL 34	AKE DR	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE T. CABECEIRAS 01/21/2006 D