2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P07000125347

Entity Name: NAPLES ORIGINALS, INC.

Current Principal Place of Business:

1400 GULF SHORE BLVD. NORTH
SUITE 154
NAPLES, FL 34102

New Principal Place of Business:

1213 LAKE SHORE DRIVE
NAPLES, FL 34103

Current Mailing Address:

P.O. BOX 9391
NAPLES, FL 34101

New Mailing Address:

1213 LAKE SHORE DRIVE
NAPLES, FL 34103

FEI Number: 26-1365516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANCTOT LAW, PL
814 105TH AVE. N.
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

BOET, LISA
1213 LAKE SHORE DRIVE
NAPLES, FL 34103 US

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: LISA M. BOET 04/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOET, LISA
Address: P.O. BOX 9391
City-St-Zip: NAPLES, FL 34101

Title: VPD ( ) Delete
Name: BERMAN, MATT
Address: P.O. BOX 9391
City-St-Zip: NAPLES, FL 34101

Title: SD ( ) Delete
Name: TOCIO, THERESA
Address: P.O. BOX 9391
City-St-Zip: NAPLES, FL 34101

Title: TD ( ) Delete
Name: LEE, KELLY
Address: P.O. BOX 9391
City-St-Zip: NAPLES, FL 34101

Title: D (X) Delete
Name: RIDGEWAY, TONY
Address: P.O. BOX 9391
City-St-Zip: NAPLES, FL 34101

Title: D (X) Delete
Name: ACHILLES, PATRIC
Address: P.O. BOX 9391
City-St-Zip: NAPLES, FL 34101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: RIDGEWAY, TONY
Address: P.O. BOX 9391
City-St-Zip: NAPLES, FL 34101

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA M. BOET PD 04/22/2009
Electronic Signature of Signing Officer or Director Date