2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M65785

Name:

Address:

City-St-Zip:

GAFFNEY, AMY ESTES

NAPLES, FL 34105

2461 PINEWOODS CIRCLE

FILED Jan 11, 2009 Secretary of State

Entity Nai	me: THE N	APLES GROUP, INC.			
Current P	rincipal Pla	nce of Business:	New Principal Place	New Principal Place of Business:	
3384 BALE NAPLES, I	30A CIR.W FL 34105	US			
Current M	lailing Add	ress:	New Mailing Address	New Mailing Address:	
3384 BALE NAPLES, I	30A CIR.W FL 34105	US			
FEI Number:	: 65-0023906	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
ESTES, BI 3384 BALE NAPELS, I	BOA CIR.W	US	ESTES, BRAD 3384 BALBOA CIR.W NAPLES, FL 34105	US	
The above in the State	named enti e of Florida.	ty submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:			01/11/2009	
	Elect	ronic Signature of Registered Ag	ent	Date	
Election Car	npaign Finan	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DVP ESTES, PHY 3384 BALBO NAPLES, FL	DA CIRCLE WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP ESTES, BR/ 3384 BALBO NAPLES, FL	DA CIRCLE WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DT	() Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRAD C. ESTES DP 01/11/2009