


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90345 023 \*\*\*150.00

<b>DOCUMENT # 277387</b> 1. Entity Name <b>VILLAGE GREEN "B" CORPORATION</b>	
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Principal Place of Business <b>423 12TH AVENUE S                  NAPLES, FL 34102</b>	Mailing Address <b>745 12TH AVENUE S                  SUITE AA                  NAPLES, FL 34102</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

00030010



01262005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1092952</b>	Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MOORE PROPERTY MANAGEMENT                  745 12TH AVE. SO.                  STE AA                  NAPLES, FL 34102</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	ERB, RICHARD	NAME	ERB, RICHARD
STREET ADDRESS	423 12TH AVENUE S	STREET ADDRESS	1473 HOLCOMB RD.
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	HUNTINGTON VALLEY, PA 19006
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	GROVER, HERBERT	NAME	GROVER, HERBERT
STREET ADDRESS	473 12TH AVE SO	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	ERB, DORTHY	NAME	ERB, DORTHY
STREET ADDRESS	473 12TH AVE S	STREET ADDRESS	1473 HOLCOMB RD.
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	HUNTINGTON VALLEY, PA 19006
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MADDUX, DAVID	NAME	MADDUX, DAVID
STREET ADDRESS	473 12TH AVE. SO.	STREET ADDRESS	110 WEST 6 <sup>th</sup> ST.
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	LONG POINT IL. 61333
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	BELLINI, UMBERTO	NAME	BELLINI, UMBERTO
STREET ADDRESS	473 12TH AVE. SOUTH	STREET ADDRESS	204 KINGSWOOD COURT
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	DANVILLE. CA 94506-6042
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		NAME	QUISTBERG, CAROLYN
STREET ADDRESS		STREET ADDRESS	5960 SONOMA LAKE
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES, FL. 34119

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Maddux DAVID MADDUX Date: 3/29/05 239-262-5615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #