

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 326177

FILED  
Oct 16, 2007  
Secretary of State

Entity Name: THE SCOTTSDALE CO.

## Current Principal Place of Business:

4200 GULF SHORE BLVD. NORTH  
NAPLES, FL 34103 US

## New Principal Place of Business:

## Current Mailing Address:

4200 GULF SHORE BLVD. NORTH  
NAPLES, FL 34103 US

## New Mailing Address:

FEI Number: 36-2495903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CATALANO, ANTHONY J  
4001 TAMiami TRAIL N  
SUITE 250  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LUTGERT, S.F.  
Address: 4200 GULF SHORE BLVD. N.  
City-St-Zip: NAPLES, FL 34103

Title: VSD ( ) Delete  
Name: BAKER, R.J.  
Address: 4200 GULF SHORE BLVD N  
City-St-Zip: NAPLES, FL

Title: VTD ( ) Delete  
Name: GUTMAN, H.B.,  
Address: 4200 GULF SHORE BLVD N.  
City-St-Zip: NAPLES, FL 34103

Title: AS (X) Delete  
Name: JOHNSTON, GARY,  
Address: 4200 GULF SHORE BLVD N.  
City-St-Zip: NAPLES, FL

Title: V ( ) Delete  
Name: MILLER, KIMBERLY  
Address: 4200 GULF SHORE BLVD N  
City-St-Zip: NAPLES, FL 34103

## 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: ( ) 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: KIMBERLY MILLER

V

10/16/2007

Electronic Signature of Signing Officer or Director

Date