2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 28, 2008 8:00 am Secretary of State **DOCUMENT # 415828** 1. Entity Name 02-28-2008 90020 050 ***158.75 NAPLES ROAD BUILDING CORPORATION Principal Place of Business Mailing Address 2390 TAMIAMI TRAIL N 206 2390 TAMIAMI TRAIL N. #206 NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1435959 Not Applicable Z_{ip} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLY, JANET Street Address (P.O. Box Number is Not Acceptable) 2390 TAMIAMI TRAIL N 206 NAPLES FL 34103 Zip Code 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 SIGNÁTURE Signature, typed or crimed (lame) of rog strend open) and the if emplicable. DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT DIRECTOR ROBERT S. HARDY R390 TAMIAMITRAIL N. #206 PD Change ☐ Delete TITLE TITLE ☐ Addition HARDY, ROBERT NAME NAME STREET ADDRESS 13056 PONDAPPLE DR.W STREET ADDRESS CITY-ST-ZIP NAPLES FL . . . CITY-ST-ZIP PAPUES FL 34/03 Change TITLE VD ☐ Delete TITLE ■ Addition PAUL HARDY HARDY, PAUL NAME NAME 2390 TAMIAMI TRAIL N. #200 STREET ADDRESS 5780 24 AVE NW STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIF THLE ST ☐ Derete Addition MAME KELLY, JANET NAME STREET ADDRESS STREET ADDRESS 2390 TAMIAMI TRAIL NORTH 206 CITY-ST-7IP CITY-ST-7IP NAPLES FL 34103 ☐ Delete THE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- 78P

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.

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: