2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 558041

Entity Name: NORTH FORT MYERS UTILITY, INC.

FILED Nov 04, 2010 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

5660 BAYSHORE RD 5195 NW 77 AVE #36 MIAMI, FL 33166

N FT MYERS, FL 33917

Current Mailing Address: New Mailing Address:

P.O. BOX 2547 5195 NW 77 AVE FT MYERS, FL 33902 US MIAMI, FL 33166

FEI Number: 59-1837142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUNDSTROM, WILLIAM 2548 BLAIRSTONE PINES DR TALLAHASSEE, FL 32303

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: CFOP

SCHENKMAN, JOEL Name: 5195 NW 77 AVE Address: City-St-Zip: MIAMI, FL 33166

Title:

Name: SCHENKMAN, RANDY 5195 NW 77 AVE Address: MIAMI, FL 33166 City-St-Zip:

FVP Title:

SCHENKMAN, LARA ESQ Name: 5195 NW 77 AVE Address:

City-St-Zip: MIAMI, FL 33166

Title: **EVP**

SCHENKMAN, IAN Name: Address: 5195 NW 77 AVE City-St-Zip: MIAMI, FL 33140

Title:

Name: SCHENKMAN, MICHAEL Address: POST OFFICE BOX 562020

City-St-Zip: MIAMI, FL 33156

I hereby 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 all other like empowered.

SIGNATURE: JOEL SCHENKMAN CEOP 11/04/2010