

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 28, 2006
Secretary of State**

DOCUMENT# 733955

Entity Name: THE NAKED LADY RANCH, INC.

Current Principal Place of Business:6100 S.W. MOORES STREET
P. O. BOX 332
PALM CITY, FL 34991**New Principal Place of Business:**6100 S.W. MOORE STREET
P. O. BOX 332
PALM CITY, FL 34991**Current Mailing Address:**PO BOX 332
PALM CITY, FL 34991**New Mailing Address:**

FEI Number: 59-1647303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CORNETT, GOOGE, ROSS & EARLE, PA
401 E. OSCEOLA 1ST FLOOR
STUART, FL 34994 US**Name and Address of New Registered Agent:**BECKER & POLIAKOFF
625 N. FLAGLER DRIVE
7TH FLOOR
WEST PALM BEACH, FL 33401 US

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: KENNETH S. DIREKTOR

09/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: VOLKER, DAVE
Address: 6755 SW WOODBINE WAY
City-St-Zip: PALM CITY, FL 34990Title: S () Delete
Name: SHABOTYNSKYJ, KATHY
Address: 5025 SW 61ST DR
City-St-Zip: PALM CITY, FL 34990Title: D () Delete
Name: NIEBAUER, TOM
Address: 5005 SW CORSAIR AVE
City-St-Zip: PALM CITY, FL 34990Title: D () Delete
Name: YAEGER, BILL
Address: 5415 SW WILBUR AVE
City-St-Zip: PALM CITY, FL 34990Title: T () Delete
Name: RHODES, SALLY
Address: 5041 SW BLUE SKY LN
City-St-Zip: PALM CITY, FL 34990Title: D () Delete
Name: VOLKER, DAVE
Address: 6755 SW WOODBINE WAY
City-St-Zip: PALM CITY, FL 34990**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: JOHN, GERALD
Address: 5685 SW WILBUR AVENUE
City-St-Zip: PALM CITY, FL 34990Title: () 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY SHABOTYNSKYJ

S

09/28/2006

Electronic Signature of Signing Officer or Director

Date