## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Jan 30, 2006 8:00 am **Secretary of State DOCUMENT #765645** 01-30-2006 90067 021 \*\*\*\*61.25 1068 INDUSTRIAL BOULEVARD, INC. Principal Place of Business Mailing Address 1068 INDUSTRIAL BLVD. 1076 INDUSTRIAL BLVD. NAPLES, FL 33942 NAPLES, FL 34104 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 Chg-NP CR2E037 (11/05) 4. FEI Number NOT APPLICABLE City & State City & State Applied For Not Applicable Zip Country Ζiρ 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 NOURSE, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 1076 INDUSTRIAL BLVD NAPLES, FL 34104 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to П Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TTDE Addition Nourse, MARK 1076 Industrial Blud NOURSE, MIKE NAME NAME 1076 INDUSTRIAL BLVD STREET ADDRESS STREET ADDRESS Naples FL 34104 NAPLES, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition URRUTIA, NICK NAME NAME STREET ADDRESS 1068 INDUSTRIAL BLVD. STREET ADDRESS CITY-ST-7/P NAPLES, FL 34104 CITY-ST-7P TITLE ☐ Delete TITLE Change ☐ Addition NAME PRETE, JOHN NAME STREET ADDRESS 1074 INDUSTRIAL BLVD. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employmental of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

FILED