2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766143

FILED Apr 18, 2012 Secretary of State

Entity Name: BEAR'S PAW TRAIL CORPORATION

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

C/O ABILITY MANAGEMENT, INC 6736 LONE OAK BLVD NAPLES, FL 34109 US

Current Mailing Address: New Mailing Address:

C/O ABILITY MANAGEMENT, INC 6736 LONE OAK BLVD NAPLES, FL 34109 US

FEI Number: 59-2609934 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:

LIVELY, DENNIS F

C/O ABILITY MANAGEMENT, INC

6736 LONE OAK BLVD

NAPLES, FL 34109 US

ABILITY MANAGEMENT, INC

C/O ABILITY MANAGEMENT, INC

6736 LONE OAK BLVD

NAPLES, FL 34109 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: DENNIS F LIVELY 04/18/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S

Name: GORDON, ROBERT
Address: 314 BEAR'S PAW TRAIL
City-St-Zip: NAPLES, FL 34105 US

Title: P

Name: ROBERTSON, PAUL
Address: 150 BEARS PAW TRAIL
City-St-Zip: NAPLES, FL 34105 US

Title: T

Name: CAUNTER, HARRY
Address: 200 BEARS PAW TRAIL
City-St-Zip: NAPLES, FL 34105 US

Title: [

Name: CANNON, OLIVER
Address: 122 BEARS PAW TRAIL
City-St-Zip: NAPLES, FL 34105 US

Title:

 Name:
 EWALD, EMIL

 Address:
 156 ALWOOD LANE

 City-St-Zip:
 NAPLES, FL 34105 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS F LIVELY RA 04/18/2012