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

Jul 24, 2006 8:00 am Secretary of State **DOCUMENT #768932** 07-24-2006 90001 046 ****61 25 PORT CARLOS COVE, INCORPORATED Principal Place of Business Mailing Address CCOARBUC 1802 MAIN STREET 1802 MAIN STREET FORT MYERS BEACH, FL 33931 FORT MYERS BEACH, FL 33931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 Chg-NP CR2E037 (4/06) 4. FEI Number 59-2234528 City & State City & State Applied For Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHIELDS, CHRIS Street Address (P.O.: Box Number is Not Acceptable) 1833 HENDRY ST. FORT MYERS, FL 33901 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regured when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete Change ☐ Addition SWARTZ, WALLY NAME NAME 132 CORTEZ WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT, MYERS BEACH, FL 33931 CITY - ST - ZIP TITLE Delete FITLE Change ☐ Addition NAME HOBOT, RICHARD 91 BLACKBEARD WAY STREET ADDRESS STREET ADDRESS FT MYERS BEACH, FL 33931 CITY-ST-7IP CITY-ST-ZIP VD Delete Change ☐ Addition TITLE TITLE UNGER, KARRIN NAME NAME 20 DOUBLOON WAY STREET ADDRESS STREET ADDRESS FORT MYERS BEACH, FL 33931 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition MILLERT, VIRGINIA NAME NAME 28 DOUBLOON WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH, FL 33931 CITY-ST-ZIP Change □ Delete TITLE ☐ Addition TITLE TRIPLEHORN, BEVERLY NAME NAME STREET ADDRESS 144 BARBADOS WAY STREET ADDRESS CITY-ST-ZIP FT. MYERS BEACH, FL CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TIZLE TITLE NAME NAME

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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 empowered to 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 all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICERY