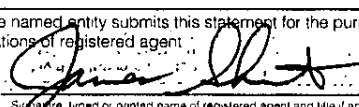
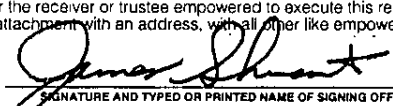


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000000186																																										
1. Entity Name PROPERTY CONSULTANTS OF SOUTHWEST FLORIDA, INC.																																										
Principal Place of Business 2614 N. TAMiami TRAIL SUITE 700 NAPLES, FL 34103		Mailing Address 2614 N. TAMiami TRAIL SUITE 700 NAPLES, FL 34103																																								
DO NOT WRITE IN THIS SPACE																																										
		03062008 No Chg-P CR2E034 (11/05)																																								
		4. FEI Number 43-1448213	Applied For Not Applicable																																							
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																								
6. Name and Address of Current Registered Agent PASSIDOMO, JOHN M CHEFFY, PASSIDOMO & STEINBECK 821 5TH AVE S., SUITE 201 NAPLES, FL 33940																																										
DO NOT WRITE IN THIS SPACE																																										
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:  3/25/08 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																										
9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																																										
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>PS</td></tr><tr><td>NAME</td><td>SHUCART, JAMES</td></tr><tr><td>STREET ADDRESS</td><td>2614 N TAMiami TRAIL, STE 700</td></tr><tr><td>CITY-ST-ZIP</td><td>NAPLES, FL 34103</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	PS	NAME	SHUCART, JAMES	STREET ADDRESS	2614 N TAMiami TRAIL, STE 700	CITY-ST-ZIP	NAPLES, FL 34103	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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 607, 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. SIGNATURE:  3/25/08 239-564-4346 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																										