2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90140 037 ***158.75

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Livio Parisi

Daytime Phone #

1. Entity Name	1EN I # G43590 . FERRAO, P.A.							
Principal Place of Business 3200 TAMIAMI TRAIL N. SUITE 200 NAPLES, FL 34103 US		Mailing Address 3200 TAMIAMI TRAIL N. SUITE 200 NAPLES, FL 34103 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006	Chg-P	CR2E034 (11/05	•)	
City & State		City & State		l l	4. FEI Number 59-2298380		Applied For Not Applicable	
Zip	Country	Zip Country		5. Certificate	of Status Desired	\$8.75 A		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
WOODWARD, MARK J. WOODWARD, PIRES & LOMBARDO, P.A.				Street Address (P.O. Box Number is Not Acceptable)				
	AMI TRAIL N., STE 200	•						
NAPLES, F	L 34103		City	<u> </u>		FL Zip Co	ode	
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								
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS,	CHANGES TO OFF	ICERS AND DIRECTO		
NAME STREET ADDRESS	PD FERRAO, AUBREY J 3470 CLUB CENTER BLVD. NAPLES, FL 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e 🗌 Addition	
TITLE NAME	VD PARISI, JOSEPH L 3470 CLUB CENTER BLVD.	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	e	
	NAPLES, FL 34114							
NAME STREET ADDRESS	SD WOODWARD, MARK 3200 TAMIAMI TRAIL N NAPLES, FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e 🔲 Addition '	
NAME STREET ADDRESS	TD DINARDO, ANTHONY 3470 CLUB CENTER BOULEVA NAPLES, FL 34114	□ Defete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	i	
indicated of the core	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address	s true and accurate and that owered to execute this repor	my signature shall have t as required by Chapti I.	a ina same lenal alle	CT AS IT MODEL (INDER 1	oatn; that I am an offic ne appears in Block 10	cerorollector 1	