

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H98970

Entity Name: TGT OF NAPLES, INC.

FILED
Mar 24, 2007
Secretary of State

Current Principal Place of Business:

64 MAIN AVE
OCEAN GROVE, NJ 07756

New Principal Place of Business:

3646 NE 169TH STREET
LAKE FOREST PARK, WA 98155 US

Current Mailing Address:

64 MAIN AVE
OCEAN GROVE, NJ 07756

New Mailing Address:

3646 NE 169TH STREET
LAKE FOREST PARK, WA 98155 US

FEI Number: 59-2651606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUPP, CRAIG T CPA
6200 CYPRESS HOLLOW WAY
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: RASMUSSEN, WILLIAM F, .
Address: 64 MAIN AVE.
City-St-Zip: OCEAN GROVE, NJ 07756

Title: S () Delete
Name: RASMUSSEN, LOIS A.,
Address: 64 MAIN AVE.
City-St-Zip: OCEAN GROVE, NJ 07756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: RASMUSSEN, WILLIAM F, .
Address: 3646 NE 169TH STREET
City-St-Zip: LAKE FOREST PARK, WA 98155 US

Title: S (X) Change () Addition
Name: RASMUSSEN, LOIS A.,
Address: 3646 NE 169TH STREET
City-St-Zip: LAKE FOREST PARK, WA 98155 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILIAM F. RASMUSSEN

CP

03/24/2007

Electronic Signature of Signing Officer or Director

Date