

**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2007 SEP 13 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N01000002210					
1. Entity Name SINGLES NETWORK OF NAPLES, INC.					
Principal Place of Business 826 WIGGINS PASS ROAD #312 NAPLES, FL 34110			Mailing Address P OBOX 770263 NAPLES, FL 34107		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08272007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3721447	
				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			7. Name and Address of New Registered Agent		
ROGERS, WILLIAM L 5150 TAMiami TRAIL N STE 501 NAPLES, FL 34103			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIST, ANNETTE		NAME	MCLAUGHLIN, WILLIAM	
STREET ADDRESS	197 MONTOROY DR		STREET ADDRESS	10360 VANDERBILT DR	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCH, DARRELL		NAME	NORMA FARMILLO	
STREET ADDRESS	4615 BAYSHORE DR E 6		STREET ADDRESS	403 G Kent Ct.	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	Naples, FL 34116	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLAUGHLIN, BILL		NAME	SANDERS, KENNETH	
STREET ADDRESS	PO BOX 105		STREET ADDRESS	117A Bobolink WY.	
CITY-ST-ZIP	NAPLES, FL 34106		CITY-ST-ZIP	Naples, FL 34105	
TITLE	TRES	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, BEVERLY		NAME	DEVRIES, SANDY	
STREET ADDRESS	3491 POINT CREEK COURT		STREET ADDRESS	13020 Hamilton Harbour Dr.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	Naples, FL 34110	
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONGES, WELMA		NAME	WOODS, DOROTHY	
STREET ADDRESS	8396 BAHAMAS RD.		STREET ADDRESS	1131 Crayton Rd.	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBERG, DAN		NAME		
STREET ADDRESS	3000 GULF SHORE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
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.					
SIGNATURE: <i>William F. McLaughlin</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 9/6/07 Daytime Phone #: 239-287-3458	