

**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		
Zip		Country	Zip		Country
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
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 FARMILO
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	