2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008542

Entity Name: NAPLES GATORS, INC.

FILED May 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 9602 1600 FLEISCHMANN BLVD

NAPLES, FL 34101 NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

PO BOX 9602 NAPLES, FL 34101

FEI Number: 65-0477833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

QUINN, STEVE QUINN, STEVE

8930 COLONNADES CT E 4500 BOTANICAL PLACE CIRCLE

#6-635 #303

BONITA SPRINGS, FL 34135 US NAPLES, FL 34112 US

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: STEVE QUINN 05/02/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete (X) Change () Addition

QUINN. STEVE QUINN, STEVE Name: Name:

8930 COLONNADES CT E., #6-635 Address: 4500 BOTANICAL PLACE CIRCLE Address:

City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: NAPLES, FL 34112

Title: Title: (X) Change () Addition () Delete

Name: SMITH, RANDY Name: GOULD, PATRICK Address: 9120 THE LANE Address: 1380 CHESAPEAKE City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34102

Title: () Delete Title: (X) Change () Addition

WILLIAMS, CAROL Name: LYNCH, STACEY Name: 1119 6TH LANE NORTH 6066 HOLLOW DRIVE Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: (X) Change () Addition

Name: KEV, MICHELLE Name: OGDEN, JEANNIE 1010 SIXTH AVE S Address: Address: 2713 66TH STREET SW City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNIE OGDEN Т 05/02/2007