


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

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| DOCUMENT # N02000001291 |  |
| 1. Entity Name VOICES OF NAPLES, INC. | |

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| Principal Place of Business C/O MARY E LEMASTERS 2249 CLIPPER WAY NAPLES, FL 34104 | Mailing Address C/O MARY E LEMASTERS 2249 CLIPPER WAY NAPLES, FL 34104 |
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02102008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 35-2158614 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

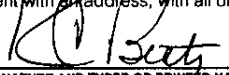
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| 6. Name and Address of Current Registered Agent LEMASTERS, MARY E 2249 CLIPPER WAY NAPLES, FL 34104 |
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000931603 02/27/08-80026-001 61.25 |

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LEMASTERS, MARY E 2249 CLIPPER WAY NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BORAD, JAMES G 6900 DENNIS CIR SUITE 201 NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BEATY, KENNETH C 6631 VANCOUVER LN NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COLE, G B 424 KINGS WAY NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BRANCH, SHARON E 2510 TALON CT. #104 NAPLES, FL 34105 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEMASTERS, WILBERT C 2249 CLIPPER WAY NAPLES, FL 34104 |

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| 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:  KENNETH C. BEATY, TREASURER | Date: 2/12/2008 | Daytime Phone #: 239/732-0947 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |