


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90081 019 \*\*\*\*61.25

<b>DOCUMENT # N02000002156</b> 1. Entity Name <b>SINGLES TOGETHER, INC.</b>																																																																																															
Principal Place of Business <b>5129 CASTELLO DRIVE SUITE #1 NAPLES, FL 34103</b>			Mailing Address <b>P O BOX 11953 NAPLES, FL 34101-1953</b>																																																																																												
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>205 WOODSHIRE LANE</b> Suite, Apt. #, etc.																																																																																													
City & State  Zip		City & State <b>NAPLES, FL</b> Zip <b>34105</b>		Country <b>COLLIER</b>																																																																																											
4. FEI Number <b>01-0633504</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																											
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																																																																																											
6. Name and Address of Current Registered Agent  <b>IGNAGNI, EVERETT 7719 JEWEL LANE #204 NAPLES, FL 34109</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																												
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 <u><i>Everett Ignagni</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																															
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																											
Make check payable to <b>Florida Department of State</b>																																																																																															
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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.																																																																																															
<b>SIGNATURE:</b> <u><i>Marlene Grove</i></u> <b>MARLENE GROVE</b> <u>2/9/06</u> <u>239-495-2360</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																															