
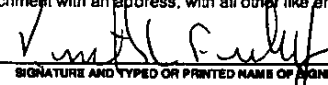


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90285 047 ****70.00

DOCUMENT # N04000010009 1. Entity Name WE THE PEOPLE OF BONITA SPRINGS INC.					
Principal Place of Business 8951 BONITA BEACH RD C/O AMERICAN SUITE 665 BONITA SPRINGS, FL 34135 US			Mailing Address 8951 BONITA BEACH RD C/O AMERICAN SUITE 665 BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			04212005 Chg-NP CR2E037 (10/03)		
			4. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FEELEY, KENNETH L 10101 SHANGRILA RD BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P FEELEY, KENNETH L 8951 BONITA BEACH RD SUITE 665 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE T NAME STREET ADDRESS CITY-ST-ZIP	CARMON WADE (T) 27276 BOU BONNIERE DRIVE BONITA SPRINGS FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE T NAME STREET ADDRESS CITY-ST-ZIP	JOHN SPRINGSTON (T) 12790 Silverthorn Ct Bonita Springs FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Kenneth L Feeley (T) 8951 Bonita Beach Rd Suite 665 Bonita Springs FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 817, 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: 			4-25-05 239-992-8006		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		