


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N20099 1. Entity Name TASTE OF COLLIER, INC.	
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Principal Place of Business SINGERS 710 WILLOWHEAD DR NAPLES, FL 34103 US	Mailing Address PO BOX 9977 NAPLES, FL 34101-9977 US
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04302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**SINGER, RAY
710 WILLOWHEAD DR
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000780921
05/25/07-80034-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENZA, STEVE 1395 PANTHEE LN NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, RAY 3906 TAMiami TR. N NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SINGER, JUNE 710 WILLOWHEAD DR NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETHENNE, NORMA 1395 PANTHER LN NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Surges
April 30, 2007

Date

Daytime Phone #