

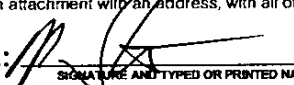


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90038 050 \*\*\*\*70.00

<b>DOCUMENT # N27769</b> 1. Entity Name <b>NAPLES AREA INTERGROUP, INC.</b>					
Principal Place of Business <b>85 12 ST S</b> <b>NAPLES, FL 33940-6212-US</b> <div style="text-align: center; font-size: 1.2em;">34102</div>			Mailing Address <b>85 12 ST S</b> <b>NAPLES, FL 33940-6212 US</b> <div style="text-align: center; font-size: 1.2em;">34102</div>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.5em; font-weight: bold;">60003851</div> 	
City & State		City & State		01162007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>68-0058266</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>STRENKERT, WILLIAM P</b> <b>525 BAREFOOT WILLIAMS RD. #225</b> <b>NAPLES, FL 34113</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <del>CARTER, DICK</del> <del>550 NE APOLITAN WAY</del> SELLO, CRAIG 2259 CHLOE TERRACE NAPLES, FL 34104				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WYATT, TAMARA 264 YORKSHIRE CT NAPLES, FL 34112				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWN, MARY 995 9th AVE S #3 NAPLES, FL 34102				
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR PERSON CARTER, DICK 550 NE APOLITAN WAY NAPLES, FL 34103				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIR PERSON Amy Kobza 393 Flamingo Ave. Naples, FL 34108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WYATT, TAMARA 264 YORKSHIRE CT. NAPLES, FL 34112				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BROWN, MARY 995 9th AVE S #3 NAPLES, FL 34102				
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:  <b>WILLIAM P. STRENKERT</b> 1/16/07					