

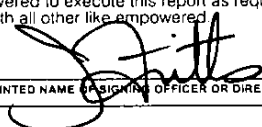


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90006 002 \*\*\*\*70.00

<b>DOCUMENT # N29298</b> 1. Entity Name <b>COLLIER COUNTY LOAN CONSORTIUM, INC.</b>					
Principal Place of Business <b>3838 TAMiami TRAIL N NAPLES, FL 34103 US</b>			Mailing Address <b>3838 TAMiami TRAIL N NAPLES, FL 34103 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4040 Gulf Shore Blvd N</b>		3. Mailing Address Suite, Apt. #, etc. <b>Same</b>			
City & State <b>Naples Florida</b>		City & State <b>Same</b>		4. FEI Number <b>65-0150050</b>	
Zip <b>34103</b>		Country <b>USA</b>		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>KLEIST, AARON C/O ORION BANK 3838 TAMiami TRAIL N NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name <b>Janet Fritts c/o Harris Bank, NA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4040 Gulf Shore Blvd. North</b> City <b>Naples</b> FL Zip Code <b>34103</b>		
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 <b>Janet Fritts</b>  DATE <b>4/30/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007.</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KLEIST, AARON C/O ORION BANK - 3838 TAMiami TR. N. NAPLES, FL 39103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Janet Fritts 4040 Gulf Shore Blvd N Naples, Florida 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WREELER, JOSEPH C/O IRONSTONE- 13525 BELL TOWER DR. FT. MYERS, FL 33907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOE Pereira 2127 Del Prado Blvd Cape Coral, FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Janet Fritts</b> 			Date <b>4/30/07</b> Daytime Phone # <b>239-659-6213</b>		