
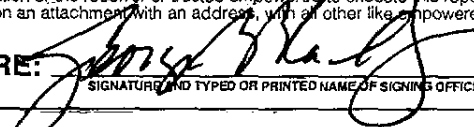


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N41429</b> 1. Entity Name <b>THE TEDDY BEAR MUSEUM OF NAPLES, INC.</b>			
Principal Place of Business <b>2511 PINE RIDGE RD. NAPLES, FL 34109</b>		Mailing Address <b>2511 PINE RIDGE RD. NAPLES, FL 34109</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  <b>BLACK, GEORGE 2312 ELIZABETH CT NAPLES, FL 34112</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTMAN, CARL E 3003 TAMiami TRAIL NORTH, SUITE 300 NAPLES, FL 34103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, J. HOWARD 5125 KENSINGTON HIGH STREET NAPLES, FL 34105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, GEORGE B JR 2312 ELIZABETH CT NAPLES, FL 34112		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, GENE R 1342 COLONIAL BLVD #11 FT MYERS, FL		
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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>George B. Black Jr.</u> <small>Daytime Phone #</small> <u>(239) 598-2711</u>	