2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2005 8:00 am Secretary of State

Principal Place of Business Mailing Address 145 ROBIN HOOD CIRCLE 745 12TH AVENUE SOUTH SUITE 1 SUITE AA NAPLES, FL 34104 US NAPLES, FL 34102 US 2. Principal Place of Business 3. Mailing Address	
2. Principal Place of Business 3. Mailing Address	
Suite, Apt. #, etc.	
'	Applied For lot Applicable
Zip Country Zip Country 5. Certificate of Status Desired Fee Requi	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
MOORE PROPERTY MANAGEMENT 745 12TH AVE SOUTH Street Address (P.O. Box Number is Not Acceptable)	
SUITE 4A NAPLES, FL 34108	
City FL Zip Co	de
 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 the obligations of registered agent. 	i, and accept
SIGNATURE Signature, typed or printed name of registered egent and the life pplicable. (NOTE: Registered Agent signature required when refusations) DATE	
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make check payable Florida Department of	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE PD Delete TITLE T	Addition
NAME DE ROSA, LENNY STREET ADDRESS 209 ROBINHOOS CIR, #204 NAME NOLAN, DENNOIS 2.57 ROBIN HOOD CIRCLE #203	
STREET ADDRESS 209 ROBINHOOS CIR, #204 STREET ADDRESS 2.57 R6B IN HOOD CIRCUE #203	
CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP NAPLES, FL.34104	- Addition
TITLE D Change	☐ Addition
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Thereby certify that the information supplied with this limit does not qualify for the exemption stated in section 119.07(5)(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-on 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 OF PRINTED NAME OF SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF SIGNATURE

Mes 28-2005 Date Day/me Prome #