## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 29, 2007 8:00 am Secretary of State

STREET ADDRESS OTY-ST-ZIP NAPLES, FL 34108  TITLE NAME MCHALE, WARREN 7575 PELICAN BAY BLVD #507 NAPLES, FL 34108  TITLE NAME STREET ADDRESS TOTY-ST-ZIP NAPLES, FL 34108  TITLE NAME STREET ADDRESS TOTY-ST-ZIP NAPLES, FL 34108  TITLE NAME SEBLATNIGG, GERHARD TOTS PELICAN BAY BLVD 1007 NAPLES, FL 34108  TITLE NAME STREET ADDRESS TOTY-ST-ZIP NAPLES, FL 34108  TITLE NAME STREET ADDRESS TOTY-ST-ZIP NAPLES, FL 34108  TITLE NAME STREET ADDRESS TOTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	ne NTENER	# N9900000 O AT PELICAN BAY NC.				08-29-2007 90	0001 023 *****6	01.25	
Suite. Apil. #. etc.    Suite. Apil. #. etc.   Suite. Apil. #. etc.   Suite. Apil. #. etc.   Suite. Apil. #. etc.   Suite. Apil. #. etc.   Suite. Apil. #. etc.   Suite. Apil. #. etc.   Suite. Apil. #. etc.   A. FEI Number	7575 PELICAN BAY BLVD 757			7575 PELICAN BAY BLVD						
City & State  A FEI Number of Science of Country  S. Certificate of State  Fee Required  Fee Require	2. Principal Place of Business - No P.O. Box # 3. N			3. Mailing Address						
Second positional   Seco	Suite, Apt. #, etc.		Suite, Apt. #, etc.		08152007 C	hg-NP (	CR2E037 (12/06)			
6. Name and Address of Current Registered Agent  7. Name and Address of Name Registered Agent  7. Name and Address of Name Registered Agent  7. Name and Address of Name Registered Agent  8. Name SCREAN SHORE DR  TRIANON CENTRE-THRD FLOOR  NAPLES, FL 34103  8. The above named cirtily 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, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent, or both. In the State of Florida. I	City & State		City & State			12	h +			
FALK, STEVEN M 850 PARK SHORE DR TRIANON CENTRE- THIRD FLOOR NAPLES, FL 34103  8. The above named critisy 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 prince remark proper designer.  SIGNATURE    Stimp   Power   Park   Par	Zip Country		Zip	Zip Country		5 Certificate of Status Desired \$8.75 Additional				
FALK, STEVEN M  850 PARK SHORE DR  TRIANON CENTRE: THIRD FLOOR  NAPLES, FL 34103  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 Florad. I am familiar with, and accept the obligations of registeryed agent.  SIGNATURE  Signature, hipsoid printed nameful registered spore and size if excelsable.  POTE Registered Agent agrotuse required agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registeryed agent. The printed nameful registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registeryed agent. The printed nameful registered agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registeryed agent. The printed nameful registery agent agent agent agent agent agent agent agent agent agent. The printed nameful registery agent agent agent, or both, in the State of Florad. I am familiar with, and accept the obligations of registery agent agent, in the State of Florad. I am familiar with, and accept the obligation agent ag		6. Name	and Address of Current R	Registered Agent		7. Name and Address of New Registered Agent				
TRIANON CENTRE: THIRD FLOOR NAPLES, FL 34103  SUITE 214  City Naples  FL 21p Code 34103  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 accopt the obligations of registaged agent.  SIGNATURE  Superior Special Section Campaign Financing Due by September 14, 2007  9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILE NAME EVANS, KENNETH SIREE ADDRESS ORY-ST-2P NAPLES, FL 34108  TILE NAME SEBLATNIGG, GERHARD SIREE ADDRESS ORY-ST-2P NAPLES, FL 34108  TILE MCH-ST-2P NAPLES, FL 34108  TILE MCH-ST-2P NAPLES, FL 34108  TILE NAME SEBLATNIGG, GERHARD SIREE ADDRESS ORY-ST-2P NAPLES, FL 34108  TILE NAME SEBLATNIGG, GERHARD SIREE ADDRESS ORY-ST-2P NAPLES, FL 34108  TILE NAME SEBLATNIGG, GERHARD SIREE ADDRESS ORY-ST-2P NAPLES, FL 34108  TILE NAME SEBLATNIGG, GERHARD SIREE ADDRESS ORY-ST-2P NAPLES, FL 34108  TILE NAME SEBLATNIGG, GERHARD SIREE ADDRESS ORY-ST-2P NAPLES, FL 34108  TILE NAME SIREE ADDRESS ORY-ST-2P NAPLES, FL 34108  TO Change Addition NAME SIREE ADDRESS ORY-ST-2P NAPLES, FL 34108  TO Change Addition NAME SIREE ADDRESS ORY-ST-2P NAPLES, FL 34108  TO Change Addition NAME SIREE ADDRESS ORY-ST-2P NAPLES, FL 34108  T					i i	bregory w Marier				
City Naples FL Zip Code   Zip Cod	TRIANON CENTRE- THIRD FLOOR					4501 Tamiami Trail North				
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  FIIIng Foe is \$61.25  Due by September 14, 2007  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  PD  EVANS, KENNETH  EVANS, KENNETH  EVANS, KENNETH  ITTLE  ITT	NAPLES, FL 34103			City						
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD EVANS, K 7675 PEL NAPLES, D MCHALE, 7575 PEL NAPLES, P SEBLATN 7575 PEL NAPLES.	DE IS \$61.25 DETERMINENT 14, 2007  OFFICERS AND DIRICAL BAY BLVD., #1603 FL 34108  NIGG, GERHARD NICAN BAY BLVD., #1003 FL 34108  NWARREN NICAN BAY BLVD #507 FL 34108  NIGG, GERHARD NICAN BAY BLVD #507 FL 34108	9. Election Camparate Trust Fund Control Contr	Daign Financing patribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANCE  TOMBULL PO 1575 Pelican Naples, FL 3  VP & T Laver Robe 1575 Pelican Naples, FL D D D D D D D D D D D D D D D D D D D	Make Florida SES TO OFFICERS Tricia Bay BIVS 4108 The Say BIVS	e check payable to a Department of St AND DIRECTORS IN Change  Change  Change  Change  Change  Change  Change	Addition  Addition	

Infected certain that the Prioritial Statutes. Turner Certain 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat