

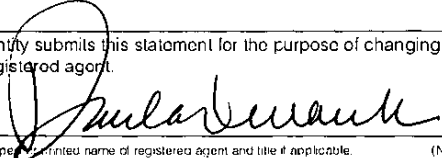
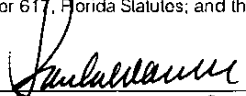


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90410 049 ****61.25

DOCUMENT # N99000004987 1. Entity Name WEDDING & PARTY PROFESSIONALS OF NAPLES, INC.					
Principal Place of Business 371 PIRATE'S BIGHT NAPLES FL 34103			Mailing Address P.O. BOX 8355 NAPLES FL 34101		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3591171	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARSH, PATRICIA W 12370 LAKE SHALIMAR DRIVE BONITA SPRINGS FL 34135				7. Name and Address of New Registered Agent Name PAULA WARNOCK Street Address (P.O. Box Number is Not Acceptable) 378 13TH AVE S City NAPLES FL 34102	
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  DATE 3/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	VP COBLEY, CYNTHIA 5629 STRAND BLVD STE 409 NAPLES FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	PRESIDENT COBLEY, CYNTHIA 5629 STRAND BLVD STE 409 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY ST ZIP	T WARNOCK, PAULA 378 13TH AVE S NAPLES FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	VP BLASE CIABATON 350 NINTH ST S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY ST ZIP	S FARREN, PEGGY 300 FIFTH AVE S #101-340 NAPLES FL 34102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	S ROBIN DELEO 807 MOUNT HOOD COURT NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY ST ZIP	P BEAN, JAMES 18911 SOUTH TAMiami TRAIL #18 FORT MYERS FL 33908	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP	D BLANK, SPENCER 2354 IMMOKALEE ROAD NAPLES FL 34110	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: PAULA WARNOCK TREASURER  3/26/07 239-643-0233 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					