2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N99000004987

Entity Name: WEDDING & PARTY PROFESSIONALS OF NAPLES, INC.

Current Principal Place of Business:

371 PIRATE'S BIGHT
NAPLES, FL 34103

New Principal Place of Business:

739 LAMBTON LANE
NAPLES, FL 34104-781

Current Mailing Address:

P.O. BOX 8355
NAPLES, FL 34101

New Mailing Address:

FEI Number: 59-3591171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUBLER, KAREN A
6735 KESTEL CIRCLE
FORT MEYERS, FL 33966 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DRAGO, CHUCK
Address: 739 LAMBTON LANE
City-St-Zip: NAPLES, FL 341047810

Title: T ( ) Delete
Name: CUBLER, KAREN
Address: 6735 KESTREL CIR
City-St-Zip: FORT MEYERS, FL 33966

Title: V ( ) Delete
Name: DOUGLAS, SCHWARTZ
Address: 9693 CAMPBELL CIR
City-St-Zip: NAPLES, FL 34109

Title: S (X) Delete
Name: TEAL, JANE
Address: 626 AUGUSTA BLVD
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DRAGO, CHUCK
Address: 739 LAMBTON LANE
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHUCK DRAGO PRES 01/21/2009

Electronic Signature of Signing Officer or Director — Date