## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 12, 2006 08:00 AM Secretary of State DOCUMENT # P00000096277 1. Entity Name SW NATO, INC. Principal Place of Business Mailing Address 2015 SOUTH TUTTLE AVENUE PO BOX 1418 SARASOTA, FL 34239 SARASOTA, FL 34230-1418 \_\_\_ 05092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For FEI Number59-0805005 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRIEDLAND, RALPH L ESQ. DO NOT WRITE 2033 MAIN STREET SUITE 100 SARASOTA, FL 34237 IN THIS SPACE 6. 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 Synature hybrid or printed name of registered agent and trial applicative (NOTE: Pergeneral Agent argument required when remaining) FILE NOW!!! FEE IS \$150.00 8. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS PD TITLE NAME PATTON, WARD H JR 100 SANDY HOOK STREET ADDRESS CATY-57-27 SARASOTA, FL 34242 TITLE NAME SEGER, CHRISTOPHER E U00000564839 05/20/06-80093-014 150.00 STREET ADDRESS 3336 PLANTATION DRIVE CITY-ST-ZIP SARASOTA, FL 34231 TITLE s GIBSON, ANDREA NAME STREET ADDRESS 6993 COUNTRY LAKE CIRCLE DO NOT WRITE CITY-ST-ZIP SARASOTA, FL 34243 IN THIS SPACE BBE MAME STREET ADDRESS CHY-ST-27 NAME STREET ADDRESS CITY-ST-ZP MANE STREET ACCURESS CTY-ST-ZP

12. I hereby curtify that the information supplied with this lifting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further cartify 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 digetor of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, 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.

TYPED OR PRINTED NAME OF SIGNARY OFFICER OR O

SIGNATURE:

FILED