

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90186 008 ***150.00

DOCUMENT # P00000108858																																																																																																																																																											
1. Entity Name ANTARAMIAN DEVELOPMENT CORPORATION OF NAPLES																																																																																																																																																											
Principal Place of Business 365 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102			Mailing Address 367 WEST MAIN STREET NORTHBOROUGH, MA 01532																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 3530 KRAFT ROAD		3. Mailing Address																																																																																																																																																									
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc.																																																																																																																																																									
City & State NAPLES, FL		City & State		4. FEI Number 65-1057688																																																																																																																																																							
Zip 34105		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent ANTARAMIAN, JACK J 365 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name: ANTARAMIAN, JACK J Street Address (P.O. Box Number is Not Acceptable): 4500 GORDON DRIVE City: NAPLES FL Zip Code: 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: <i>[Signature]</i> JACK J ANTARAMIAN DATE: 4/17/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTD ANTARAMIAN, JACK J <input type="checkbox"/> Delete</td> <td style="width: 20%;"></td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">4500 GORDON DRIVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td>365 FIFTH AVENUE SOUTH #201</td> <td></td> <td>NAME</td> <td>NAPLES, FL 34102</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34102</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PTD ANTARAMIAN, JACK J <input type="checkbox"/> Delete		TITLE	4500 GORDON DRIVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	365 FIFTH AVENUE SOUTH #201		NAME	NAPLES, FL 34102		STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP									TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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.																																																																																																																																																											
SIGNATURE: <i>[Signature]</i> JACK ANTARAMIAN			Date: 4/17/07 Daytime Phone #: 508-393-2911																																																																																																																																																								