2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 17, 2006 08:00 AM **Secretary of State DOCUMENT # P01000001027** PRETTY ISLAND MANAGEMENT COMPANY Mailing Address Principal Place of Business 3100 NORTH RD 3100 NORTH RD NAPLES, FL 34104 NAPLES, FL 34104 02282006 No Chg-P CRZE034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number Not Applicable 65-1109431 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DONELON, THOMAS DO NOT WRITE 560 VILLAGE BLVD., STE 335 WEST PALM BEACH, FL 33409 IN THIS SPACE 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. Signature, typed or printed name of registered assent and take it applicable (NOTE, Registered Agent alguature required when reinstamp) DATE U000000472186 9. Election Campaign Financing \$5.00 May Ba FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 03/29/06-80026-016 150.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE NEBUS, IVY JEAN NAME 3100 NORTH ROAD STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP TITLE NAME STREET ADDRESS CDY-ST-729 TITLE NAME STREET ADDRESS DO NOT WRITE DTY-57-21P IN THIS SPACE 717LE NAME STREET ADDRESS CITY-ST-ZIP TELLE MAME STREET ADDRESS CITY-ST-ZIP MLE

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 certify 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:

WILL STREET ADDRESS City-St-ZiP

FILED