2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020555

Entity Name: POI DEVELOPMENT, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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314 NEWPORT DRIVE 17280-1 EAGLE TRACE #4 FORT MYERS, FL 33908

NAPLES, FL 34114

Current Mailing Address: New Mailing Address:

314 NEWPORT DRIVE 17280-1 EAGLE TRACE FORT MYERS, FL 33908

NAPLES, FL 34114

NAPLES, FL 34114 US

FEI Number: 65-1147996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLSON, KARIN A MRS.

314 NEWPORT DRIVE

#4

COLSON, KARIN A MRS.

17280-1 EAGLE TRACE

FORT MYERS, FL 33908 US

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: KARIN COLSON 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 ST. JOHN, EARL
 Name:
 ST. JOHN, EARL

 Address:
 314 NEWPORT DRIVE #4
 Address:
 17280-1 EAGLE TRACE

 City-St-Zip:
 NAPLES, FL 34114
 City-St-Zip:
 FORT MYERS, FL 33908

Title: P () Delete Title: () Change () Addition

 Name:
 BURGESON, RICHARD
 Name:

 Address:
 1201 MIMOSA COURT
 Address:

 City-St-Zip:
 MARCO ISLAND, FL 34145
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 COLSON, KARÍN
 Name:

 Address:
 10867 FIELD FAIR DRIVE
 Address:

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIN COLSON ST 04/29/2005