


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90463 042 ***158.75

DOCUMENT # P01000116466 1. Entity Name PIUTE PROPERTY, INC.					
Principal Place of Business C/O DAVID G. BUDD 3033 RIVIERA DRIVE #201 NAPLES, FL 34103			Mailing Address C/O DAVID G. BUDD 3033 RIVIERA DRIVE #201 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # 5551 Ridgewood Drive Suite, Apt. #, etc. Suite 501 City & State Naples, FL Zip 34108		3. Mailing Address c/o David G. Budd Suite, Apt. #, etc. 5551 Ridgewood Dr., #501 City & State Naples, FL Zip 34108		4. FEI Number 94-3414588 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUDD, DAVID G. 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5551 Ridgewood Drive, Suite 501 City Naples State FL Zip Code 34108	
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>David G. Budd</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		David G. Budd, Registered Agent <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/27/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BUDD, DAVID G 3033 RIVIERA DRIVE #201 NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition	5551 Ridgewood Drive, Suite 501 Naples, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STARMAN, SHELDON W 4099 TAMiami TRL N STE 400 NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, JULIA M 9201 W. OLYMPIC BLVD., STE. 200 BEVERLY HILLS, CA 90212	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAPIN, DAVID A 9201 W. OLYMPIC BLVD. STE. 200 BEVERLY HILLS, CA 90212	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>David G. Budd</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/27/07 DAYTIME PHONE (239) 514-1000		

DAVID G. BUDD, VICE PRESIDENT