

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000002946**

1. Entity Name  
 STUDIO SNAIDERO NAPLES, INC.



Principal Place of Business  
 300 FIFTH AVENUE SOUTH  
 NAPLES, FL 34102

Mailing Address  
 2378 RED COACH LN  
 HUDSON, OH 44236

**DO NOT WRITE IN THIS SPACE**



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 60-0001957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MCARDLE, MICHAEL W  
 850 PARK SHORE DRIVE  
 NAPLES, FL 34103

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

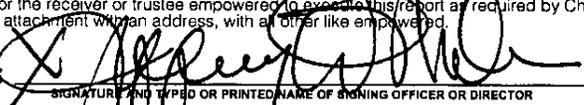
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAHON, JEFFREY D
STREET ADDRESS	7926 OAKHURST DR
CITY - ST - ZIP	BRECKSVILLE, OH 44141
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE IN THIS SPACE**

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:  DATE: 7-11-06 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR