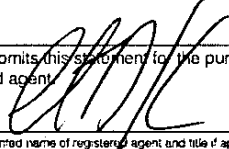
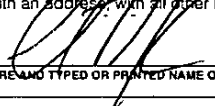


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90078 017 ***150.00

DOCUMENT # P03000000378 1. Entity Name INDUSTRIAL INVESTMENT TRUST OF NAPLES INC.			
Principal Place of Business 5072 POST OAK LANE NAPLES, FL 34105		Mailing Address 5072 POST OAK LANE NAPLES, FL 34105	
2. Principal Place of Business 473 Terraciana Way Suite, Apt. #, etc.		3. Mailing Address 473 Terraciana Way Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34119	Country	Zip 34119	Country
4. FEI Number 20-1073712		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INDUSTRIAL INVESTMENT TRUST CORPORATION 5072 POST OAK LANE NAPLES, FL 34105		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 473 Terraciana Way City Naples FL Zip Code 34119	
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  3/16/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST	NAME KOSOW, CURT D	TITLE Change	NAME 473 Terraciana Way
STREET ADDRESS 5072 POST OAK LANE	CITY-ST-ZIP NAPLES, FL 34105	STREET ADDRESS Naples, FL 34119	CITY-ST-ZIP 34119
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 3/16/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	