2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

	AIIII	KLFOKI			
DOCUMENT # P03000013813 1. Entity Name CATALINA LAND GROUP, INC.				04-30-2007 90426 028 ***150.00	
CATALIN	A LAND GROUP, 114C.				
Principal Place	e of Business	Mailing Address			
3785 AIRPOI	RT ROAD NORTH	3785 AIRPORT ROAD NO	ORTH	40089947	
		SUITE B-1		4000002	
NAPLES, FL	34105	NAPLES, FL 34105			
3715	Hirport Rd N	3. Mailing Address	x+Rd x		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04092007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number Applied For	
Nap!	les Florida	Naples	<u>Florida</u>	14-1899404 Not Applicab	əlc
3410	S LSA	34105	Country S A	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	\Box
HOOVER, WILLIAM L			Name }	Hoover William L	
	ORT ROAD N.		Street Add	dress (R.O. Box Nurriber is Not Acceptable)	
SUITE B-1			3113	S Hirport Rd. N. SKE O	\dashv
NAPLES, F	-L 34105		City 1	17-0-t-	\dashv
			City N	aples FL Zip Code 34105	
The above the obligate	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accep	pt
•	121 - 5	111	1° 1 L	required when revisions) DATE	
SIGNATURE_		www.	12 m h 18	00 VEF, 1745. 7-2/-0/	1
	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE I	Registered Agent signature	required when reinstating) DATE	- {
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After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib	n Financing oution.	\$5.00 May Be Added to Fees	
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12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytone Phone I