## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P03000055365

Entity Name: LATITUDE 18, INC.

FILED Feb 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1490 N E PINE ISLAND ROAD 950 N COLLIER BOULEVARD BUILDING 5 SUITE 408

CAPE CORAL, FL 33909 MARCO ISLAND, FL 34145

Current Mailing Address: New Mailing Address:

1490 N E PINE ISLAND ROAD

950 N COLLIER BOULEVARD
BUILDING 5

SUITE 408

CAPE CORAL, FL 33909 MARCO ISLAND, FL 34145

FEI Number: 42-1596434 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

COLLINS, ANTHONY V
1490 N E PINE ISLAND ROAD
BUILDING 5
CAPE CORAL, FL 33909 US

COLLINS, ANTHONY V
950 N COLLIER BOULEVARD
SUITE 408
MARCO ISLAND, FL 34145 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: 02/11/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: COLLINS, ANTHONY V Name: COLLINS, ANTHONY V

Address: 1490 N E PINE ISLAND ROAD BUILDING 5 Address: 950 NORTH COLLIER BOULEVARD SUITE 408

City-St-Zip: CAPE CORAL, FL 33909 US City-St-Zip: MARCO ISLAND, FL 34145 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANTHONY V. COLLINS P 02/11/2007