2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P03000107339

Entity Name: COLLIER 2WAY, INC

Current Principal Place of Business:

3900 MANNIX RD
SUITE #107
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

3900 MANNIX RD
SUITE #107
NAPLES, FL 34114

New Mailing Address:

FEI Number: 26-0170820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, CHARLES
3900 MANNIX RD
SUITE #107
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

SULLIVAN, CHARLES T
3900 MANNIX RD
SUITE #107
NAPLES, FL 34114 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: CHARLES T SULLIVAN 01/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SULLIVAN, SANDRA
Address: 3900 MANNIX RD SUITE 107
City-St-Zip: NAPLES, FL 34114

Title: S ( ) Delete
Name: SULLIVAN, CHARLES
Address: 3900 MANNIX RD SUITE 107
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES T SULLIVAN SEC 01/21/2009
Electronic Signature of Signing Officer or Director Date