


2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 18, 2007 08:00 AM
Secretary of State**

DOCUMENT # P04000040931 1. Entity Name AVELLINO ISLES DEVELOPERS, INC.	
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Principal Place of Business 75 VINEYARDS BLVD. NAPLES, FL 34119	Mailing Address 75 VINEYARDS BLVD. NAPLES, FL 34119
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07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1906475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, ROBERT
75 VINEYARDS BLVD.
NAPLES, FL 34119

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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	P SAADEH, MICHEL 75 VINEYARDS BLVD. NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ROGERS, ROBERT 75 VINEYARDS BLVD. NAPLES, FL 34119
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07/18/07-80002-013 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/07 Date
239 353-1973 Daytime Phone #