

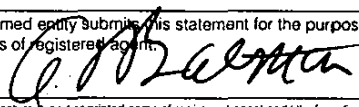
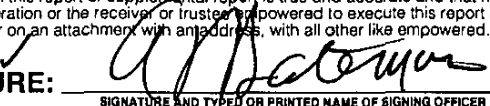


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90078 039 \*\*\*150.00

<b>DOCUMENT # P04000089665</b> 1. Entity Name <b>BATEMAN CONSULTANTS OF NAPLES, INC.</b>					
Principal Place of Business <b>4770 ALBERTON CT STE 2602 NAPLES, FL 34105</b>			Mailing Address <b>4770 ALBERTON CT STE 2602 NAPLES, FL 34105</b>		
2. Principal Place of Business <b>2245 Venetian Court, Bldg 4</b>		3. Mailing Address <b>2245 Venetian Court, Bldg 4</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02282006    Chg-P    CR2E034 (11/05)	
City & State <b>Naples, Florida</b>		City & State <b>Naples, Florida</b>		4. FEI Number <b>20-1236960</b>	
Zip <b>34109</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BATEMAN, ARTHUR L 4770 ALBERTON CT #2602 NAPLES, FL 34105</b>			7. Name and Address of New Registered Agent Name <b>Bateman, Arthur L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2245 Venetian Court</b> Building 4 City <b>Naples</b> <b>FL</b> Zip Code <b>34109</b>		
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  DATE <b>3-6-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS <b>BATEMAN, ARTHUR L 4770 ALBERTON COURT SUITE 602 NAPLES, FL 34105</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2245 Venetian Court, Building 4 Naples, Florida 34109</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			Date <b>3-6-06</b> Daytime Phone # <b>(239) 430-1012</b>		