

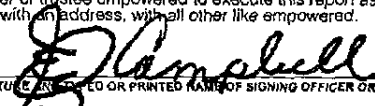


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000125378			
1. Entity Name CITRUS COAST CONCIERGE INC.			
Principal Place of Business P.O. BOX 770102 NAPLES, FL 34107-0102	Mailing Address P.O. BOX 770102 NAPLES, FL 34107-0102		
DO NOT WRITE IN THIS SPACE			
		03152006 No Chg-F CR2E034 (11/05)	
		4. FEI Number 61-1475829	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 CAMPBELL, ELIZABETH 1100 MICHIGAN AVENUE NAPLES, FL 34013		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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000004 71705 03/29/06-80007-013 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, ELIZABETH 1100 MICHIGAN AVENUE NAPLES, FL 34103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		3/15/06 239-593-3485	
SIGNATURE, PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	