2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 8:00 am Secretary of State DOCUMENT # P04000138390 05-02-2006 90417 009 ***158.75 1. Entity Name STEVEN CORPORATION OF NAPLES, INC. Mailing Address 4001012" Principal Place of Business 6635 WILLOW PARK DR. 6635 WILLOW PARK DR. NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business 3. Mailing Address Lee Street 5475 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04282006 Chg-P 303 City & State 4. FEI Number Applied For City & State 41-2154607 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEANGELIS, JOHN M Street Address (P.O. Box Number is Not Acceptable) 6635 WILLOW PARK DRIVE NAPLES, FL 34109 City Zip Code Fl 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **X** Change PD ☐ Addition TITLE ☐ Delete TITLE DEANGELIS, JOHN M NAME NAME STREET ADDRESS 6635 WILLOW PARK DR. STREET ADDRESS CITY-ST-7IP NAPLES, FL 34109 CITY-ST-ZIP Change VD ☐ Delete TITLE ☐ Addition TITLE STARLING, HEYWARD B NAME NAME STREET ADDRESS 6635 WILLOW PARK DR. STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME DIAMOND, DAVID B NAME STREET ADDRESS STREET ADDRESS 6635 WILLOW PARK DR. NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 added with all other like

SIGNATURE:

Heyward B. Starling 4/28/06

FILED