2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171522

City-St-Zip:

TORONTO, ON M4N 3K8 CA

Entity Name: NAPLES FLORIDA IIGP, INC.

FILED Apr 06, 2005 Secretary of State

Current P	rincipal Place of Business:	New Principal Pla	New Principal Place of Business:	
2295 BAYVIEW AVENUE TORONTO ONTARIO CANADA M4N 3K8, XX		505 SOUTH FLAGL ATTN. PETER HOL WEST PALM BEAC		
Current M	ailing Address:	New Mailing Addr	New Mailing Address:	
2295 BAYVIEW AVENUE TORONTO ONTARIO CANADA M4N 3K8, XX		ATTN. JOHN POT\	1813 SILAS DEANE HIGHWAY ATTN. JOHN POTVIN ROCKY HILL, CT 06067-130 XX	
FEI Number:	FEI Number Applied	For (X) FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered	Agent: Name and Addres	Name and Address of New Registered Agent:	
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324 US			
	named entity submits this statemer of Florida.	nt for the purpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Regis	stered Agent	Date	
Election Can	npaign Financing Trust Fund Contribution	on ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete FINGOLD, DAVID 2295 BAYVIEW AVENUE TORONTO, ON M4N 3K8 CA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete ROWLEY, BRIAN 2295 BAYVIEW AVENUE TORONTO, ON M4N 3K8 CA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TREA () Delete ROWLEY, BRIAN 2295 BAYVIEW AVENUE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: BRIAN ROWLEY TREA 04/06/2005