


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000018852-*	
1. Entity Name ADONAI OF NAPLES, INC.	

Principal Place of Business 7846 REGAL HERON CIRCLE 206 NAPLES, FL 34104	Mailing Address 7846 REGAL HERON CIRCLE 206 NAPLES, FL 34104
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08032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2276916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

FARRINGTON, JILLIAN  
 7846 REGAL HERON CIRCLE #206  
 NAPLES, FL 34104

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 \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S FARRINGTON, JILLAIN L 7846 REGAL HERON CIRCLE # 206 NAPLES, FL 34104
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U00000772175  
08/17/07-80001-015 550.00

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:  DATE: 8/13/07 DAYLINE PHONE #: 239-821-7186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR