2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075962

FILED Apr 23, 2009 Secretary of State

Entity Nai	me: NICASS	O OF NAPLES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
2033 TIMB NAPLES, I	BERLINE DR. FL 34109 L	JS			
Current Mailing Address:			New Mailing Address:		
2033 TIMB NAPLES, I	BERLINE DR. FL 34109 (JS			
FEI Number:	: 20-2900796	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
FOSTH ACCOUNTING PA 501 GOODLETTE RD N D-304 NAPLES, FL 34102 US			FOSTH ACCOUNTING PA 1250 TAMIAMI TR N 201 NAPLES, FL 34102 US		
The above		submits this statement for the բ	,	office or registered agent, or both,	
SIGNATURE:				04/23/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (SASSO, NICOL 2033 TIMBERL NAPLES, FL 3	INE DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (PARIS, CHERI 2033 TIMBERL NAPLES, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: CATHERINE M FOSTH, CPA 04/23/2009 RΑ