


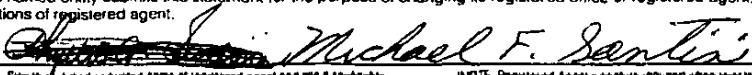

FILED
Apr 05, 2007 8:00 am
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

37.

03-22-2007 90011 020 ***150.00

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DOCUMENT # P05000133922 1. Entity Name SANTINI PROPERTY MANAGEMENT INC					
Principal Place of Business 3321 6TH AVE SE NAPLES, FL 34117 US		Mailing Address 3321 6TH AVE SE NAPLES, FL 34117 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03182007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-3565408	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAURA OLSZEWSKI & ASSOC PA 5401 TAYLOR RD SUITE 3 NAPLES, FL 34109				7. Name and Address of New Registered Agent Name Michael F. Santini Street Address (P.O. Box Number is Not Acceptable) 3321 6th Ave SE City Naples FL Zip Code 34117	
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:  Michael F. Santini 3-20-07 <small>Signature, typed or printed name of registered agent and 2007 fee applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S SANTINI, MICHAEL F 3321 6TH AVE SE NAPLES, FL 34117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T SANTINI, PHYLLIS A 3321 6TH AVE SE NAPLES, FL 34117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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:  Phyllis A. Santini 3-20-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					