

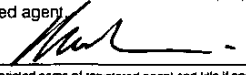


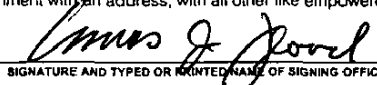
# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90137 044 \*\*\*150.00

<b>DOCUMENT # P06000000367</b> 1. Entity Name <b>COLLIER DEVELOPMENT CORPORATION</b>																													
Principal Place of Business <b>3003 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103</b>			Mailing Address <b>3003 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>NOT APPLICABLE</b>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent  <b>TAFT, ELEANOR W 3003 TAMiami TRAIL N. STE 400 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name <b>CORINA, ROBERT D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3003 TAMiami TRAIL NORTH, STE 400</b> City <b>NAPLES</b> FL      Zip Code <b>34103</b>																										
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:  <b>Robert D. Corina</b> DATE: <b>4-11-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGMR</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TAFT, ELEANOR W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3003 TAMiami TRAIL N, STE 400</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34103</td> <td></td> </tr> </table>			TITLE	MGMR	<input checked="" type="checkbox"/> Delete	NAME	TAFT, ELEANOR W		STREET ADDRESS	3003 TAMiami TRAIL N, STE 400		CITY-ST-ZIP	NAPLES, FL 34103		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FLOOD, THOMAS J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3003 TAMiami TRAIL NORTH, STE 400</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34103</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	FLOOD, THOMAS J.		STREET ADDRESS	3003 TAMiami TRAIL NORTH, STE 400		CITY-ST-ZIP	NAPLES, FL 34103	
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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:  **Thomas J. Flood**      4/30/08      (239) 261-4455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #