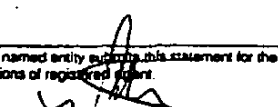


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

02-11-2008 90053 010 ***138.75
03-21-2008 90023 028 ***11.25

DOCUMENT # P06000092980																																			
1. Entity Name MCINTYRE INVESTMENTS, INC.																																			
Principal Place of Business 1004 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110		Mailing Address 1004 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110																																	
2. Principal Place of Business - No P.O. Box 23150 Fashion Dr Suite, Apt. #, etc. 231		3. Mailing Address 23150 Fashion Dr Suite, Apt. #, etc. 231																																	
City & State Estero		City & State Estero																																	
Zip 33928 Country USA		Zip 33928 Country USA																																	
4. Name and Address of Current Registered Agent MCINTYRE, PAUL J 1004 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____																																	
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:  DATE: 4/7/08 Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when registering.)																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
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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 filers and officers.																																			
SIGNATURE: 		DATE: 4/7/08																																	
SIGNATURE AND TYPED OR PRINTED NAME OF VARIOUS OFFICERS OR DIRECTOR		Date Daytime Phone #																																	

66006268



02082008 Chg-P CR2E034 (12/06)

4. FEI Number
20-5173698

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

SIGNATURE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

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CITY-STATE-ZIP NAPLES, FL 34110

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SIGNATURE:

Date

Daytime Phone #