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Apr 10, 2008 8:00 am
Secretary of State

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

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000092980

1. Entity Name
MCINTYRE INVESTMENTS, INC.

66006268

Principal Place of Business	Mailing Address
1004 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110	1004 COLLIER CENTER WAY SUITE 103 NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
23150 Fashion Dr	23150 Fashion Dr
Suite, Apt. #, etc. 231	Suite, Apt. #, etc. 231
City & State Estero	City & State Estero
Zip 33928 Country Lee	Zip 33928 Country Lee

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

6. 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 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 [signature] 4/7/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCINTYRE, PAUL J		NAME	
STREET ADDRESS	1004 COLLIER CENTER WAY, SUITE 103		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] 4/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #