2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P07000130372

Entity Name: CAMBRIDGE MANAGEMENT OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

802 ANCHOR RODE DRIVE
NAPLES, FL 34103

New Principal Place of Business:

2335 TAMIAMI TRAIL N
STE. 402
NAPLES, FL 34103

Current Mailing Address:

802 ANCHOR RODE DRIVE
NAPLES, FL 34103

New Mailing Address:

2335 TAMIAMI TRAIL N
STE. 402
NAPLES, FL 34103

FEI Number: 26-1550119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARESE, LAWRENCE A ESQ
C/O ROBINS,KAPLAN,MILLER & CIRESI L.L.P.
711 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: FARESE, JAMES
Address: 411 POPLAR AVENUE
City-St-Zip: POMPTON LAKES, NJ 07442

Title: VPSD ( ) Delete
Name: MEADE, JAMES
Address: 7115 POCAHONTAS TRAIL #2
City-St-Zip: WILLIAMSBURG, VA 23185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: FARESE, JAMES
Address: 2335 TAMIAMI TRAIL N, STE. 402
City-St-Zip: NAPLES, FL 34103

Title: VPSD (X) Change ( ) Addition
Name: MEADE, JAMES
Address: 2335 TAMIAMI TRAIL N, STE. 402
City-St-Zip: NAPLES, FL 34103

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: JAMES MEADE VPSD 03/24/2009

Electronic Signature of Signing Officer or Director — Date