

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

DOCUMENT # P94000034314 1. Entity Name NAPLES EXECUTIVE SUITES, INC.						05 SEP 27 AM 11:15 RECEIVED CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF S.W. FLORIDA	
Principal Place of Business 5100 NORTH TAMiami TRAIL SUITE 106 NAPLES, FL 33940				Mailing Address 5100 NORTH TAMiami TRAIL SUITE 106 NAPLES, FL 33940			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CORNWELL, STEVEN W 6060 ANDROS WAY NAPLES, FL 34119				7. Name and Address of New Registered Agent Name <u>Zirilli, Anthony C</u> Street Address (P.O. Box Number is Not Acceptable) <u>5100 TAMiami TRAIL N #206</u> City <u>NAPLES</u> <u>FL</u> Zip Code <u>34103</u>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Amended AR is \$61.25				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 CORNWELL, STEVEN W <input type="checkbox"/> Delete 5100 TAMiami TRAIL NORTH, STE 106 NAPLES, FL 34103			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zirilli, Anthony C. SAME SAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/29/05-01071-014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition \$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address, with all other officers empowered.							
SIGNATURE: <u>Anthony C. Zirilli, President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>9/26/05</u> Daytime Phone # <u>239-263-2220</u>			

Anthony C. Zirilli, President

SEP 28 2005