
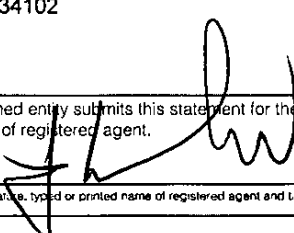
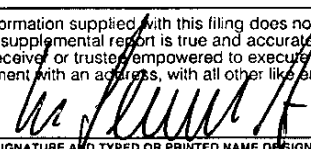


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90004 011 \*\*\*550.00

<b>DOCUMENT # P95000076802</b> 1. Entity Name <b>NAPLES MHC, INC.</b>					
Principal Place of Business <b>480 6TH STREET SOUTH NAPLES, FL 34102</b>			Mailing Address <b>480 6TH STREET SOUTH NAPLES, FL 34102</b>		
2. Principal Place of Business <b>476 West Palm Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>7400 Tamiami Trail N., #101</b> Suite, Apt. #, etc.			
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>65-0630557</b>	
Zip <b>34102</b>	Country <b>USA</b>	Zip <b>34108</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TODD, GUDRUN 480 6TH STREET SOUTH NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name <b>Anthony J. Gualario, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>Gualario, Licht, Andrews &amp; Galati, P.A.</b> <b>7400 Tamiami Trail N., Suite 101</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34108</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>Anthony J. Gualario, CPA</b> <b>5/11/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SCHWANBECK, KLAUS 480 6TH STREET SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Schwanbeck, Klaus 7400 Tamiami Trail N., Suite 101 Naples, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT SCHWANBECK, SABINE 480 6TH STREET SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT Schwanbeck, Sabine 7400 Tamiami Trail N., Suite 101 Naples, FL 34108 <input checked="" 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 on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>Klaus Schwanbeck, President</b> <b>5/11/05 (239)262-4513</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					