2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90085 046 ***150.00

DOCUMENT # P9700006597 1. Entity Name 928 NORTH COLLIER CORP.						01-29-2007 90085 046 ***150.00					
Principal Place of Business Mailing Address						60008829					
928 NORTH COLLIER BLVD P.O. BOX 2056								 	l Cilds duch wen su		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			010420	01042007 Chg-P CR2E034 (12/06)					
City & State		City & State			4. FEI Number 65-0730455				oplied For ot Applicable		
Zip	Country	Žip	Coun	try	5. Certif	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name	and A	Address of New R	egistere	d Agent		
MORRIS, WILLIAM G				Name							
247 NO C	OLLIER BLVD. STE 202 SLAND, FL 34145			Street Addr	treet Address (P.O. Box Number is Not Acceptable)						
								F	Zip Cod	e	
 The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. 					gistered agent,	or both	, in the State of Flo	-	- 1	and accept	
SIGNATURE_	d Agent signature re	equired when reinstati	ng)	7/10/00/00/00	DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.					\$5.00 May E Added to Fees	Be .			\.		
10. OFFICERS AND DIRECTORS 11.					ADDITIO	ONS/C	HANGES TO OFF	ICERS AN	ID DIBECTOR	S 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 like empowered.

SIGNATURE:

LOSEPH O BOFF

HETYPED OR PRINTED MANUE OF SIGNING OFFICER OR DIRECTOR

17/07

239 394910

Daytime Phone #