## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 A Secretary of State DOCUMENT # P97000028089 DEL MAR DEVELOPMENT OF NAPLES, INC. Principal Place of Business Mailing Address 1395 PANTHER LANE, STE 300 1395 PANTHER LANE, STE 300 NAPLES, FL 34109 NAPLES, FL 34109 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2321399 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALONEY, THOMAS E DO NOT WRITE 1395 PANTHER LANE, STE 300 NAPLES, FL 34109 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DPST THILE NAME NAGY, JOHN R STREET ADDRESS 23415 STONERIDGE DR NORTH 16 CITY-ST-7/P WAKESHA, WI 53188 U00000556988 05/17/06-80033-009 150.00 TITLE NAME NORMAN, L R STREET ADDRESS N16 W23415 STONERIDGE DR GITY-ST-ZIP WAUKESHA, WI 53188 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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: \_

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President

4/26/06

239-643-0824

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Daytime Phone #

FILED