


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90056 040 ***150.00

DOCUMENT # P97000034405	
1. Entity Name CONDO SENTINEL OF NAPLES, INC.	

Principal Place of Business 204 PALMETTO DUNES NAPLES, FL 34113	Mailing Address 204 PALMETTO DUNES NAPLES, FL 34113
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50006301



2. Principal Place of Business 3214 ALCOTT AVE	3. Mailing Address 3214 ALCOTT AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01192005 Chg-P CR2E034 (10/03)

City & State PLANT CITY FL	City & State PLANT CITY FL
Zip 33566	Zip 33566
Country HILLSBOROUGH	Country HILLSBOROUGH

4. FEI Number 59-3441864	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BALESTRACCI, TERRY 204 PALMETTO DUNES CIR. NAPLES, FL 34113	7. Name and Address of New Registered Agent Name TERRY BALESTRACCI Street Address (P.O. Box Number is Not Acceptable) 3214 ALCOTT AVE. City PLANT CITY FL Zip Code 33566
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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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALESTRACCI, TERRY 204 PALMETTO DUNES CIR. NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALESTRACCI, TERRY 3214 ALCOTT AVE PLANT CITY, FL 33566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BALESTRACCI, LORETTA 204 PALMETTO DUNES CIR. NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BALESTRACCI, LORETTA 3214 ALCOTT AVE. PLANT CITY, FL 33566 <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
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.

SIGNATURE: Terry Balestracci Date: 1/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #