## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2007 08:00 AM Secretary of State DOCUMENT # P97000038660 1. Entity Name ME OF NAPLES, INC. Principal Place of Business Mailing Address 21301 TAMIAMI TRAIL 21301 TAMIAMI TRAIL #460 ESTERO, FL 33928 ESTERO, FL 33928 02152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0748567 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent ABDELFATTAH, SALAH H DO NOT WRITE 21765 BRIXHAM RUN LOOP ESTERO, FL 33428 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TATLE NAME ABDELFATTAH, SALAH A STREET ADDRESS 21765 BRIXHAM RUN LOOP CITY-ST-ZIP ESTERO, FL 33428 03/23/07-80080-002 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CHY-ST-7(P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filting 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP