2007 FOR PROFIT CORPORATION

Mar 15, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P97000059519 03-15-2007 90031 039 ***158 75 1. Entity Name EQUITY III INVESTMENTS & DEVELOPMENT, INC. Principal Place of Business Mailing Address TOGONA 800 LAUREL OAK DR. 3200 TAMIAMI TRAIL N. SUITE 600 SUITE 200 NAPLES, FL 34103 NAPLES, FL 34108 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0768161 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIRES, ANTHONY P Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRAIL N., SUITE 200 NAPLES, FL 34103 City Zip Code 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) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE Change ☐ Addition BENNETT, CHARLES III NAME NAME 3301 BONITA BENCH RD. #204 **800 LAUREL OAK DR #60**0 STREET ADDRESS STREET ADDRESS NAPLES, FL 34108 CITY-ST-ZIP CITY-ST-ZIP BONITA SPRING FL 34134 VD ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME MARWICK, KENNETH NAME STREET ADDRESS 24781 PENNY ROYAL DR STREET ADDRESS BONITA SPRINGS, FL 34134 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change TITLE ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 of 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 a attachment with an address er like empowered.

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED