


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90463 046 ***158.75

DOCUMENT # P98000022478	
1. Entity Name 113, INC.	

Principal Place of Business C/O DAVID G BUDD 3033 RIVIERA DR 201 NAPLES, FL 34103	Mailing Address C/O DAVID G BUDD 3033 RIVIERA DR 201 NAPLES, FL 34103
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40091774



2. Principal Place of Business - No P.O. Box # 5551 Ridgewood Drive Suite, Apt. #, etc. Suite 501 City & State Naples, FL Zip 34108	Country USA	3. Mailing Address c/o David G. Budd Suite, Apt. #, etc. 5551 Ridgewood Dr., #501 City & State Naples, FL Zip 34108	Country USA
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04262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BUDD, DAVID G 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	5551 Ridgewood Drive
Suite	Suite 501
City	Naples
State	FL
Zip Code	34108

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 <u>David G. Budd</u> Signature, typed or printed name of registered agent and title if applicable.	David G. Budd, Registered Agent DATE 4/27/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STARMAN, SHELDON W 4099 TAMiami TRAIL NORTH - 4TH FLOOR NAPLES, FL 34103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BUDD, DAVID G 3033 RIVIERA DRIVE #201 NAPLES, FL 34103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, JULIA M 9201 W. OLYMPIC BLVD., SUITE 200 BEVERLY HILLS, CA 90212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAPIN, DAVID A 9201 W. OLYMPIC BLVD., SUITE 200 BEVERLY HILLS, CA 90212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Drive, Suite 501 Naples, FL 34108
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: <u>David G. Budd</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/27/07 (239) 514-1000 Date Daytime Phone #

DAVID G. BUDD, VICE PRESIDENT