2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P98000029658 07-28-2008 90031 042 ***150.00 1. Entity Name MILLS COMPANY OF NAPLES, INC. Principal Place of Business Mailing Address 610 WILSON BLVD. 610 WILSON BLVD. NAPLES, FL-34117 NAPLES, FL 34117 2. Principal Place of Business - No P.O. Box # 4814 TARPON AVE Majling Address 4814 TAKPOU AVE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 07062008 Chg-P Applied For City & State City & State 4. FEI Number 59-3501153 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLS, AL 810 WILSON BLVD S NAPLES: FL-34117 City **SPRINGS** 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. Soneture, typed or printed name of providered agent and trip if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE Delete DDF PD s marcus a MILLS, MARCUS A NAME NAME 610 WILSON BLVD S STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP NAPLES, FL 34117 TITLE ☐ Detete TITLE MILLS, JUPI JUDI NAME NAME 610 WILSON BLVD S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP ΠTLE Delete TITLE MILLS, JEFF NAME NAME BAY De # LOT STREET ADDRESS 610 WILSON BLVD S STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34117 CITY-ST-ZP ☐ Change ☐ Addition TITLE Delete TITLE MOCO, J NAME NAME 2325 BEVERLY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP NAPLES, FL 34117 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Detete Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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.

FILED Jul 28, 2008 8:00 am