2006 FOR PROFIT CORPORATION

Feb 13, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P98000055648** 1. Entity Name VILLAS TWENTY, INC. Principal Place of Business Mailing Address 558 CAPT"N KATE CT 4099 TAMIAMI TRAIL NORTH #400 NAPLES, FL 34110 NAPLES, FL 34103 02072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3518114 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOERIO, CPA, THOMAS E. DO NOT WRITE 4099 TAMIAMI TRAIL NORTH #400 NAPLES, FL 34103 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE U00000430708 02/22/06-80857-021 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME PFEIFFER, KLAUS STREET AUTORESS 558 CAPT'N KATE CT CITY-ST-ZIP NAPLES, FL 34110 TITLE NAME STREET ADDRESS CITY-ST-ZIP RITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 35515 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 addities, with all other like empowered.

KIAUS PFEIFFER / PRES.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone ≱