


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90392 007 ***150.00

DOCUMENT # P98000090983	
1. Entity Name PATIO CORNER OF CAPE CORAL, INC.	

Principal Place of Business 1403 CAPE CORAL PKWY CAPE CORAL, FL 33904	Mailing Address 1403 CAPE CORAL PKWY CAPE CORAL, FL 33904
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2. Principal Place of Business 4632 Del Prado Blvd Suite, Apt. #, etc.	3. Mailing Address 4632 Del Prado Blvd Suite, Apt. #, etc.
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City & State Cape Coral Florida	City & State Cape Coral Florida
Zip 33904	Zip 33904
Country US	Country US



04142006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0872589	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCDANIEL, ANITA 4074 VINCENNES ST 4632 Del Prado Blvd CAPE CORAL, FL 33904 Cape Coral FL 33904	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCDANIEL, ANITA		NAME	
STREET ADDRESS 1403 CAPE CORAL PKWY 4632 Del Prado Blvd		STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL, FL 33904		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCDANIEL, BOBBY		NAME	
STREET ADDRESS 1403 CAPE CORAL PKWY 4632 Del Prado Blvd		STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL, FL 33904		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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.

SIGNATURE: Anita M Daniel **4-14-06 1-239-945-0800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #