2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# P98000105988

Entity Name: MAYFIELD ROAD, INC.

Current Principal Place of Business:

3585 GATEWAY LANE
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

5215 OLD GALLOWS WAY
NAPLES, FL 34105

New Mailing Address:

FEI Number: 65-0884762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

D'AGOSTINO, LOUIS D
821 FIFTH AVENUE, SOUTH
SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CEO	( ) Delete
Name:	D'AGOSTINO, FRANK	
Address:	5215 OLD GALLOWS WAY	
City-St-Zip:	NAPLES, FL 34105	
Title:	P	( ) Delete
Name:	D'AGOSTINO, DOMENIC D	
Address:	5215 OLD GALLOWS WAY	
City-St-Zip:	NAPLES, FL 34105	
Title:	VP	( ) Delete
Name:	D'AGOSTINO, JOHN	
Address:	7834 GARDNER DR 201	
City-St-Zip:	NAPLES, FL 34109	
Title:	S	( ) Delete
Name:	D'AGOSTINO, ANNE	
Address:	5215 OLD GALLOWS WAY	
City-St-Zip:	NAPLES, FL 34105	
Title:	T	( ) Delete
Name:	D'AGOSTINO, MARIO	
Address:	2215 HAWKS RIDGE DR #803	
City-St-Zip:	NAPLES, FL 34105	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	D'AGOSTINO, JOHN	
Address:	7834 GARDNER DR #201	
City-St-Zip:	NAPLES, FL 34109	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE D'AGOSTINO S 01/18/2007

Electronic Signature of Signing Officer or Director — Date