


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P99000010737	
1. Entity Name <b>IMMOKALEE ROAD, INC.</b>	

Principal Place of Business <b>11983 NORTH TAMiami TRAIL #100 NAPLES FL 34110</b>	Mailing Address <b>11983 NORTH TAMiami TRAIL #100 NAPLES FL 34110</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>65-0891129</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>CORPORATE REGISTERED AGENT, LLC 5147 CASTELLO DR NAPLES FL 34103</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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	Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Add	
<b>U000000628153</b> <b>02/16/07-80004-002 150.00</b>	
<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE	NAME
STREET ADDRESS	STREET ADDRESS
CITY ST ZIP	CITY ST ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

<b>SIGNATURE:</b> <i>James L. Deagle</i>	<b>2-5-07 (239) 594-7777</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #