2006 FOR PROFIT CORPORATION

indicated on this repo of the corporation or

SIGNATURE

changed, or on an Attach

n address, with all other like empowered.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 10, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P99000031652 04-10-2006 90331 016 ***150.00 1. Entity Name NAPLES SEASIDE, INC. Principal Place of Business Mailing Address 50010461 3431 PINE RIDGE RD. 3431 PINE RIDGE RD. SUITE 101 SUITE 101 NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 03232006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3586510 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITE, JOHN P Street Address (P.O. Box Number is Not Acceptable) 3431 PINE RIDGE ROAD., STE 101 NAPLES, FL 34109 1575 Pire Ridge Kd y 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 8. The above nag the obligation ed agent SIGNATURE Signature, typed or or ied name of registered agent and little if applicable (NOTE: Rogistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition EBAN, MARK V NAME STREET ADDRESS 94 HAMILTON TERRACE STREET ADDRESS LONDON, ENGLAND NW89VR, City-St-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition GLICK, ROXANE OLIVIA S NAME NAME STREET ADDRESS 23 HAMU TON TERRACE STREET ADDRESS CITY-ST-ZIP LONDON, ENGLAND NW89RE, CITY-ST-ZIP nite John P d Change D TITLE ☐ Delete TITLE WHITE, JOHN P. NAME NAME STREET ADDRESS 3431 PINE RIDGE RD., STE 101 STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY ST ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-\$1-ZIP CHY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change HILL Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby 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

polemental 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 by 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

Date

Daytime Phone #

FILED