## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90064 031 \*\*\*150 00

CAPRI ISLE MANAGEMENT, INC.  Process fines of Business 6090 CERTRAL NR. S. TE-103 5. PHINOPIPE Place of Business - No P.O. Sov # 3. Malling Address 6090 CERTRAL NR. S. TE-103 5. PHINOPIPE Place of Business - No P.O. Sov # 3. Malling Address 6090 CERTRAL NR. S. TE-103 5. STAP Address 6090 CERTRAL NR. S. TE-103 5. STAP Address 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of Surrent Registered Agent 8. Name and Address of New Registered Agent 9. Course  6. Name and Address of New Registered Agent 9. Course 8. Name and Address of New Registered Agent 9. Course 9. Course 9. Course 9. Course 9. Service Address P.O. Box Number in Not Acceptable  Streen Address P.O. Box Number in Not Acceptable 9. Service Address P.O. Box Number in No Acceptable 9. Service Address P.O. Box Number in Number in No Acceptable 9. Service Address P.O						-	U4-Z1-ZUU8	5 90064 U <b>3</b> 1 *****1	<b>3</b> 0.00
SUPPLIES STRUCK, IT. 33710  S. I. PETERSBURG,	1. Entity Name	е	3319						
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Side. Aps. 4. EC.    Cay A State									
City & State    City & State   City & State   City & State   A. FER Number   Sp-3.556946   A. Applied for   Nanoter   Sp-3.556946   Nanoter   Sp-3.56946   Nanoter   Sp-3.5	2. Principal Pl	face of Business - No P.O. Box #	3. Mailing Address				<b>                                    </b>	<b>                                    </b>	
Sp. 3586946   Nat Applicable   Sp. 3586946   Sp. 3586946   Nat Applicable   Sp. 3586946   Sp. 3686946   Sp. 3686	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02292008	Chg-P	CR2E034 (12/06)	
EDWARDS, WILLIAM  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entry submits this assortment for the purpose of changing its registered agent, or both, in the Sale of Pords. I am familiar with, and accept me chigalizations of registered agent, or both, in the Sale of Pords. I am familiar with, and accept me chigalizations of registered agent, or both, in the Sale of Pords. I am familiar with, and accept me chigalizations of registered agent. Or both, in the Sale of Pords. I am familiar with, and accept me chigalizations of registered agent. Or both, in the Sale of Pords. I am familiar with, and accept me chigalizations of registered agent. Or both, in the Sale of Pords. I am familiar with, and accept me chigalizations of registered agent. Or both, in the Sale of Pords. I am familiar with, and accept me chigalizations of registered agent. Or both, in the Sale of Pords. I am familiar with, and accept me chigalizations of registered agent. Or both in the Sale of Pords. I am familiar with, and accept me chigalizations of registered agent. Or both in the Sale of Pords. I am familiar with, and accept me chigalizations of registered agent. Or both in the Sale of Pords. I am familiar with, and accept me chigalizations of registered agent. Or both in the Sale of Pords. I am familiar with, and accept me chigalizations of registered agent. Or both in the Sale of Pords. I am familiar with, and accept me chigalizations of registered agent. Or both in the Sale of Pords. I am familiar with and accept me chigalizations of registered agent. Or both in the Sale of Pords. I am familiar with and accept me chigalizations of registered agent. Or both in the Sale of Pords. I am familiar with and accept me chigalizations of registered agent. Or both in the sale of Pords. I am familiar with a	City & State		City & State			L		1——	
EDWARDS, WILLIAM  BY COLOR CENTRAL AVE., STE. 103  ST. PETERSBURG, FL 33710  City FL Zip Code  8. The above named entity submits his statement for the purpose of changing its registered differ or registered agent, or both, in the State of Ricida. I am lamiliar with, and accept the mentingators of registered agent, or both, in the State of Ricida. I am lamiliar with, and accept the mentingators of registered agent, or both, in the State of Ricida. I am lamiliar with, and accept the mentingators of registered agent, or both, in the State of Ricida. I am lamiliar with, and accept the mentingators of registered agent, or both, in the State of Ricida. I am lamiliar with, and accept the mentingators of registered agent, or both, in the State of Ricida. I am lamiliar with, and accept the mentingators of registered agent, or both, in the State of Ricida. I am lamiliar with, and accept the mentingators of registered agent, or both, in the State of Ricida. I am lamiliar with, and accept the mentingators of registered agent, or both, in the State of Ricida. I am lamiliar with, and accept the mentingators of registered agent, or both, in the State of Ricida. I am lamiliar with, and accept the mentingators of registered agent, or both, in the State of Ricida. I am lamiliar with, and accept the mentingators of registered agent, or both, in the State of Ricida. I am lamiliar with, and accept the mentingators of registered agent, or both, in the State of Ricida.  FILE NOWILL FEE IS \$150.00  9. Bection Campling Financing	Zip	Country	Zip Coun		ntry	5. Certificate of Status Desired \$8.75 Additional		ditional	
Name   Name   Name   Name   Name   Name   Name   Name   Not Acceptable		6. Name and Address of Curren	t Registered Agent		T	7. Name and	Address of New R		30
Sireer Accress (P.O. Box Nurreer is Not Acceptable)  Sireer Accress (P.O. Box Nurreer is Not Acceptable)  City FL Zip Code  A. The above named only submits his statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am tamiliar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  10.					Name				
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Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  III.E   PD	SIGNATURE_	Signature, typed or printed name of registered ager	nt and title if applicable (NO	TE Registere	ed Agent signature require	ed when reinstating)		DATE	
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