
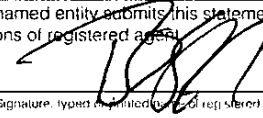
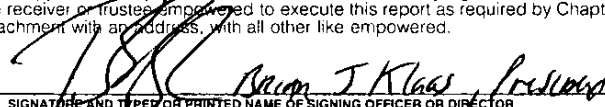


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90022 046 ***150.00

DOCUMENT # P99000094070 1. Entity Name NAPLES/DALLAS VENTURE, INC.																	
Principal Place of Business 5150 TAMiami TRAIL N SUITE 503 NAPLES FL 34103		Mailing Address 5150 TAMiami TRAIL N SUITE 503 NAPLES FL 34103															
2. Principal Place of Business 5150 Tamiami Trail North Suite, Apt. #, etc. Suite 600 City & State Naples, FL Zip 34103 Country USA		3. Mailing Address 5150 Tamiami Trail North Suite, Apt. #, etc. Suite 600 City & State Naples, FL Zip 34103 Country USA															
		1st MOORE CR2E034 (10/05)															
		4. FEI Number 59-3608072															
		Applied For Not Applicable															
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required															
6. Name and Address of Current Registered Agent KLAAS, BRIAN J 4845 MARTINIQUE WAY NAPLES FL 34119		7. Name and Address of New Registered Agent Name Brian J. KLAAS Street Address (P.O. Box Number is Not Acceptable) 2801 OLDE CYPRESS DRIVE City Naples State FL Zip Code 34119															
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 		Brian J. Klaas (registered agent) (NOTE: Registered Agent signature required when resigning)															
		DATE 1/29/06															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees															
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11															
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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.																	
SIGNATURE: 		DATE 1/29/06 239 643 2525 Daytime Phone #															