## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000106279

Entity Name: CAPE TOWN DEVELOPMENTS, INC.

FILED Apr 13, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
225 BANY	AN BLVD				
#210 NAPLES, I	FL 34102				
Current Mailing Address:			New Mailing Addre	ss:	
225 BANY #210	AN BLVD				
#210 NAPLES, I	FL 34102				
FEI Number	: 59-3616857	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
	D, SCHOENE IAMI TRAIL N				
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	onic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DC ( LOVE, G. DO 225 BANYAN NAPLES, FL	BLVD #210	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEXTON, DA	II TRAIL N., SUITE 404	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ( LOVE, PENEI 225 BANYAN NAPLES, FL	BLVD #210	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P ( SULLIVAN, RI 225 BANYAN NAPLES, FL	BLVD #210	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JENNY REES-ANDERSON ST 04/13/2004