2007 FOR PROFIT CORPORATION ANNUAL REPORT

of the corporation or the receiver or trustee empowered to exechanged, or on an attachment with an address, with all other like

NO TYPED OR PRINTED NAME

F SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Secretary of State 01-11-2007 90050 023 ***150.00 DOCUMENT # S57256 1. Entity Name GEORGETOWN INVESTORS GROUP, INC. 4000Toos Principal Place of Business Mailing Address 2335 TAMIAMI TRAIL N 2335 TAMIAMI TRAIL N SUITE 301 **SUITE 301** NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0267555 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLD, DENNIS S. 2335 TAMIAMI TRAIL N Street Address (P.O. Box Number is Not Acceptable) SUITE 301 NAPLES, FL 34103 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ■ Addition NAME GOLD, DENNIS S NAME STREET ADDRESS 2335 TAMIAMI TRL N #301 STREET ADDRESS CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP TITLE **VPD** TITLE Change ■ Addition NAME NAME 400 FIFTH AVE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 2335 TAMIAMI TR N #301 STREET ADDRESS CITY-ST-ZIP NAPLES, FL CITY-ST-ZIP TITLE VD TITLE ☐ Change Addition NAME NAME STREET ADDRESS 5834 FUNSTON ST STREET ADDRESS CITY-SI-ZIP HOLLYWOOD, FL CITY-ST-ZIP TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS BRITTANY L #565 STREET ADDRESS CITY-ST-ZIP DELRAY BCH, FL CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not palify for the exemptions contained in Chapter 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

FILED Jan 11, 2007 8:00 am