2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 23, 2007 8:00 am Secretary of State DOCUMENT # \$73016 1. Entity Namo 03-23-2007 90022 040 ***150.00 COLLIER MASTER REGION, INC. Principal Place of Business Maifing Address 6080 FAIRWAY COURT 6080 FAIRWAY COURT NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3081363 Not Applicable Zip Country Zip 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 6080 Faragy CT SILK, JOHN 4005-A DEL PRADO BLVD S Naples FL 34110 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904-7160 CK 3266 2/9/07 Sent to you for this change City Zip Code FL 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 registry SIGNATURE (NOTE: Registered Agent signature required when reinstating) THE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. HHE ☐ Change Addition Delete SILK, JOHN NAME NAME 6080 FAIRWAY COURT STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CHY-ST ZIP ST THLE Delete ши ☐ Change Addition SILK, JOHN: NAME NAMI 6080 FAIRWAY COURT STREET ADDRESS STRUET ADDINESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-7/P HHE Delete THE _____ Change ___ _ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP TITLE Delete THE □ Change ☐ Addition NAM STREET ADDRESS STRUCT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change □ Addition TITLE TIFFE MAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILL ☐ Delete Change Addition NAMÉ STREET ADDRESS STRUET ADDRESS CHY-ST-7IP CHY SI-ZIP

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 roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer 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 tike empowered.

SIGNATURE

John E. Silk

FILED