2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUI 1. Entity Nam MARKET					FILE 5 MAY 17 A	M 8: 26						
3200 TAMIAMI TRAIL N SUITE 200				Mailing Address 3200 TAMIAMI TRAIL N SUITE 200 NAPLES, FL 34103 US			CHETARY OF STATE ALLAHASSEE. FLORIDA					
2. Principal P	Place of Busin	ness	3. Mailing Address	. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			05102005	Chg-P	CR2E0	34 (10/03)		
City & State			City & State	City & State			4. FEI Numb 65-029				plied For t Applicable	
Zip	Country		Zip	Zip Cour				of Status Desired		\$8.75 Add Fee Required		
	6. Name	and Address of Current	Registered Agent		Name		7. Name and	Address of New F	Registered A	lgent		
	IAMI TRA	IL N SUITE 200		Street			ddress (P.O. Box Number is Not Acceptable)					
NAPLES, I	rL 34103											
						- Bibliotecon v			FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Amended AR is \$61.25 9. Election Campaign F Trust Fund Contribut						\$5. I	00 May Be ed to Fees					
10.	PD	OFFICERS AND		11.			ADDITIONS	/CHANGES TO OFF	ICERS AND			
TITLE NAME	· =	, AUBREY J.	XX Delete	Delete IITLE						Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP	NAPLES,	IB CENTER BLVD FL 34114			STREET ADDRESS CITY-ST-ZIP			00055 3 70501065	3782 004		0	
TITLE NAME STREET ADDRESS : CITY-ST-ZIP	3470 CLU), ANTHONY IB CENTER BLVD. FL 34114	K Delete	NAM STRE	NAME STREET ADDRESS CITY-ST-ZIP		sident/E ardo, An O Club C les, FL	ithony Center Boul	Levard	XX Change	☐ Addition	
TITLE NAME STREET ADDRESS		ARD, MARK J IIAMI TRAIL N SUITE 2	COO	NAM	_ 1	Woo	retary/I dward, M O Tamian		. (Suit	KKChange e 200)	☐ Addition	
CITY-ST-ZIP		FL 34103	ST n		-ST-ZIP	Nap	les, FL	34103			- Addition	
NAME STREET ADDRESS	TD PARISI, J 3470 CLL	OSEPH L IB CENTER BLVD.	XI Delete	NAM Stre	E Et address	Par 347	isi, Jos O Club (Center Boul		K Change	☐ Addition	
CITY-ST-ZIP	NAPLES,	FL 34114	Пос		-ST-ZIP	Nap	les, FL	34114		Character	Addition	
TITLE NAME			☐ Delete	TITLE NAM						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
title Name			☐ Delete	TITLE NAM						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify 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 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 frustee 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 actiness. With all other life empowered.												
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #												
Anthony DiNardo, President												