

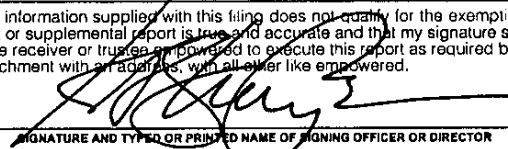


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # V66781			
1. Entity Name SPB OF NAPLES, INC.			
Principal Place of Business 800 LAUREL OAK DR SUITE 300 NAPLES, FL 34108		Mailing Address 800 LAUREL OAK DR SUITE 300 NAPLES, FL 34108	
DO NOT WRITE IN THIS SPACE			
		02012007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0360258	Applied For Not Applicable
		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
ATHAN, G H 5551 RIDGEWOOD DRIVE STE #501 NAPLES, FL 34108			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000635937 02/23/07-80035-003 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS CORACE, RICHARD F 800 LAUREL OAK DR STE 300 NAPLES, FL 34108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GRIFFIN, GERALD F 800 LAUREL OAK DR STE 300 NAPLES, FL 34108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARPE, KEITH A 800 LAUREL OAK DR STE 300 NAPLES, FL 34108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 changed, or on an attachment with an addendum, with all other like empowered.			
SIGNATURE: 		2/6/07 239 566-2800	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	