

2006 FOR PROFIT CORPORATION ANNUAL REPORT


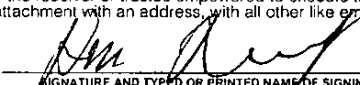
FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90300 017 ***150.00

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01242006 Chg-P CR2E034 (11/05)

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| DOCUMENT # F99000002630 | |  | |
| 1. Entity Name NAPLES MALL, INC. | | | |
| Principal Place of Business 38500 WOODWARD AVE SUITE 310 BLOOMFIELD HILLS, MI 48304 | | Mailing Address 38500 WOODWARD AVE SUITE 310 BLOOMFIELD HILLS, MI 48304 | |
| 2. Principal Place of Business 21 E Long Lake Road Suite, Apt. #, etc. Suite 100 City & State Bloomfield Hills, MI Zip 48304 Country | | 3. Mailing Address 21 E Long Lake Road Suite, Apt. #, etc. Suite 100 City & State Bloomfield Hills, MI Zip 48304 Country | |
| 4. FEI Number 38-3047757 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ARONOFF, JANET 626 GULFSHORE BLVD SOUTH NAPLES, FL 34102 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVD ARONOFF, DANIEL J 205 ABBEY BIRMINGHAM, MI 48009 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 address, with all other like empowered. | | | |
| SIGNATURE:  | | Date: 4/17/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |