2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 24, 2006 08:00 AM **Secretary of State DOCUMENT # 697195** 1. Entity Name FLYNN DEVELOPMENT CORPORATION Principal Place of Business Mailing Address **516 LAKEVIEW ROAD 516 LAKEVIEW ROAD** UNIT 8 UNIT 8 CLEARWATER, FL 33756 CLEARWATER, FL 33756 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2115713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLYNN, THOMAS F. DO NOT WRITE 516 LAKEVIEW RD **UNIT 8** IN THIS SPACE CLEARWATER, FL 33756 3. 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. (NOTE: Registered Agent argusture required when reinstating) DATE Synature, typed or proted name of registered agent and title if applicable \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST 31TLE FLYNN, THOMAS F NAME STREET ADDRESS 516 LAKEVIEW ROAD UNIT 8 City-St-ZiP CLEARWATER, FL 33756 TITLE ~U000004459**0**3 FLYNN, KEVIN T 03/07/06/80067 015 516 LAKEVIEW RD#8 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 717LE

12. I hereby certify that the information supplied with this filling 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 attaching it with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP THTLE MAARE STREET ADDRESS CITY-ST-ZIP

Kevin T. Flynn, Vice President

FILED