2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F52236

1. Entity Name

WHITLEY DEVELOPMENT GROUP, INC.



Principal Place of Business

2000 PGA BLV.WAY ONE

SUITE 2204

PALM BCH., GARDENS, FL 33408

Mailing Address

2000 PGA BLV.WAY ONE

SUITE 2204

PALM BCH., GARDENS, FL 33408

FILED Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90220 001 ***300.00

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04022008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2137358

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WHITLEY, ROBERT B. 2000 PGA BLVD.NDING SUITE 2204 PALM BCH GARDENS, FL 33408

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signeture	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WHITLEY, ROBERT B 2000 PGA BLVD. STE.2204 PALM BCH GARDENS, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITLEY, CHRISTOPHER 200 PGA BLVD., STE. 2204 PALM BEACH GARDEN, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS					·	

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 attack product that my name appears in Block 10 or Block 11 if changed.

SIGNATURE:

SHATORE AND TYPED OR PRINGED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-08

561-694-0051