


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90226 036 ***150.00

DOCUMENT # F95000004683	
1. Entity Name ODAA DEVELOPING COMPANY, INC.	

Principal Place of Business 289 WHITE HERON DR SANTA ROSA BCH FL 32459 US	Mailing Address 289 WHITE HERON DR SANTA ROSA BCH FL 32459 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHAUMANN, RICHARD P SR. 289 WHITE HERON DRIVE SANTA ROSA BEACH FL 32459		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHAUMANN, RICHARD P SR.	
STREET ADDRESS	289 WHITE HERON DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHAUMANN, RICHARD P II	
STREET ADDRESS	74 EDGEWOOD TERR.	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	SCHAUMANN, KATHY R	
STREET ADDRESS	289 WHITE HERON DR	
CITY-ST-ZIP	SANTA ROSA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAUMANN, DANIEL S	
STREET ADDRESS	81 EDGEWOOD TERR	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHY R. SCHAUMANN	
STREET ADDRESS	289 WHITE HERON DR.	
CITY-ST-ZIP	SANTA ROSA BEACH, FL. 32459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD P. SCHAUMANN, SR	
STREET ADDRESS	289 WHITE HERON DRIVE.	
CITY-ST-ZIP	SANTA ROSA BEACH, FL. 32459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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 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: *Kathy R. Schumann / President* **4-23-05** 850-267-6055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHY R. SCHAUMANN Date Daytime Phone #