


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000004683 1. Entity Name ODAA DEVELOPING COMPANY, INC.	
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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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 35-1931821	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHAUMANN, RICHARD P SR. 289 WHITE HERON DRIVE SANTA ROSA BEACH FL 32459	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000731954
STREET ADDRESS	05/09/07-80027-002 150.00
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kathy R. Schumann - President Date: 4-22-07 Daytime Phone #: (850)-267-6055