

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H60913

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: MICHELSON DEVELOPMENT CORP.

**Current Principal Place of Business:**

351 MALLARD RD  
FORT LAUDERDALE, FL 333241124 US

**New Principal Place of Business:**

**Current Mailing Address:**

351 MALLARD RD  
FORT LAUDERDALE, FL 333241124 US

**New Mailing Address:**

FEI Number: 59-2549062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MICHELSON, BRUCE  
351 MALLARD RD  
FT LAUDERDALE, FL 333271124 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: MICHELSON, EDWARD  
Address: 2427 TARGHEE PT  
City-St-Zip: LAFAYETTE, CO 800263447

Title: DS ( ) Delete  
Name: MICHELSON, ROGER  
Address: 1006 W BROADVIEW DRIVE  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: DV ( ) Delete  
Name: MICHELSON, BRUCE  
Address: 351 MALLARD RD  
City-St-Zip: FT LAUDERDALE, FL 333271124

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD MICHELSON

DPT

01/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date