

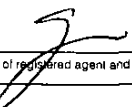
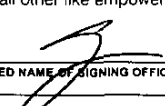
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90109 019 ***150.00

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DOCUMENT # P01000109375			
1. Entity Name THE ALLIED DEVELOPMENT COMPANY, INC.			
Principal Place of Business 12915 SW 132 AVE MIAMI, FL 33186		Mailing Address 12915 SW 132 AVE MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # 8203 SW 124 ST		3. Mailing Address 8203 SW 124 ST	
Suite, Apt. #, etc. MIAMI, FLA.		Suite, Apt. #, etc. MIAMI, FLA.	
City & State		City & State	
Zip 33156	Country DAD	Zip 33156	Country DAD
4. FEI Number 65-1159825		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 MICALI, JOHN 13301 SW 124 ST MIAMI, FL 33186		7. Name and Address of New Registered Agent Name: MICALI, JOHN Street Address (P.O. Box Number is Not Acceptable): 8203 SW 124 STREET MIAMI City: MIAMI FL Zip Code: 33156	
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: 		DATE: 4/23/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input type="checkbox"/> Delete	NAME: MICALI, JOHN	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 13301 SW 124 ST	CITY-ST-ZIP: MIAMI, FL 33186	NAME:	STREET ADDRESS:
TITLE: V <input type="checkbox"/> Delete	NAME: WHELPLEY, DAVID	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 13301 SW 124 ST	CITY-ST-ZIP: MIAMI, FL 33186	NAME:	STREET ADDRESS:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	STREET ADDRESS:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	STREET ADDRESS:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	NAME:	STREET ADDRESS:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	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 attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 4/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		786-251-8931 Daytime Phone #	