

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000003429
 1. Entity Name
 MARC-MICHAELS DEVELOPMENT CO., INC.



Principal Place of Business
 720 W. MORSE BLVD.
 WINTER PARK, FL 32789

Mailing Address
 720 W. MORSE BLVD.
 WINTER PARK, FL 32789



01122007 No Chg-P CR2E034 (11/05)

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4. FEI Number
 51-0444549

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WWW, INC.
 390 N. ORANGE AVE
 SUITE 15000
 ORLANDO, FL 32801

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000604543
 01/29/07-80058-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABBOTT, MICHAEL
STREET ADDRESS	720 W. MORSE BLVD.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	THEE, S. MARC
STREET ADDRESS	720 W. MORSE BLVD.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]* 1-24-2007 407 645-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #