2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 27, 2008
Secretary of State

DOCUMENT# P04000159362

Entity Name: TUSCANY PRESERVE DEVELOPMENT, INC.

Current Principal Place of Business:

502 PARSLEY COURT
KISSIMMEE, FL 34759

New Principal Place of Business:

449 BAY LEAF DRIVE
KISSIMMEE, FL 34759

Current Mailing Address:

502 PARSLEY COURT
KISSIMMEE, FL 34759

New Mailing Address:

449 BAY LEAF DRIVE
KISSIMMEE, FL 34759

FEI Number: 20-1916926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARSONS, DEBORAH S
449 BAYLEAF DRIVE
KISSIMMEE, FL 34759 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAVENPORT, RICHARD A
Address: 502 PARSLEY COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: VSD ( ) Delete
Name: GOLAN, AMNON
Address: 502 PARSLEY COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: DT (X) Delete
Name: KLEIDER, ITZIK
Address: 502 PARSLEY COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: VD (X) Delete
Name: GOLAN, GUY
Address: 502 PARSLEY COURT
City-St-Zip: KISSIMMEE, FL 34759

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:

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: RICHARD A DAVENPORT P 06/27/2008

Electronic Signature of Signing Officer or Director — Date