2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118596

Entity Name: FOUR POINTS DEVELOPMENT COMPANY, INC.

FILED Jan 22, 2008 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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913 GULF BREEZE PKWY SUITE 18 913 GULF BREEZE PKWY SUITE 17

GULF BREEZE, FL 32561 GULF BREEZE, FL 32561

Current Mailing Address: New Mailing Address:

913 GULF BREEZE PKWY SUITE 18 913 GULF BREEZE PKWY SUITE 17

GULF BREEZE, FL 32561 GULF BREEZE, FL 32561

FEI Number: 20-3343265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CALHOUN, AMY A

CALHOUN, AMY A 913 GULF BREEZE PKWY SUITE 18 913 GULF BREEZE PKWY SUITE 17 GULF BREEZE, FL 32561 GULF BREEZE, FL 32561

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: 01/22/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CALHOUN, AMY A CALHOUN, AMY A Name: Name:

913 GULF BREEZE PKWY SUITE 18 Address: 913 GULF BREEZE PKWY SUITE 17 Address:

City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip: GULF BREEZE, FL 32561

Title: Title: (X) Change () Addition () Delete

CALHOUN, WEST J SR CALHOUN, WEST J SR Name: Name:

913 GULF BREEZE PKWY SUITE 18 Address: 913 GULF BREEZE PKWY SUITE 17 Address:

GULF BREEZE, FL 32561 GULF BREEZE, FL 32561 City-St-Zip: 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: AMY A. CALHOUN **PRES** 01/22/2008