

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -1 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P05000150035**

1. Entity Name  
DYL DEVELOPMENT MANAGER, INC.

Principal Place of Business 2200 NW CORPORATE BOULEVARD, SUITE 401 BOCA RATON, FL 33431	Mailing Address 2200 NW CORPORATE BOULEVARD, SUITE 401 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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04302007 Chg-P CR2E034 (12/06) 07

City & State	City & State	4. FEI Number 20-3867769	Applied For Not Applicable
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  HCRM CORP. 2200 NW CORPORATE BOULEVARD, SUITE 401 BOCA RATON, FL 33431	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
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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:** \_\_\_\_\_ **ANDREW M. GROSS** **04/30/07** **561-997-9223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #