

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jun 26, 2007 8:00 am**  
**Secretary of State**

5/

05-08-2007 90008 010 \*\*\*150.00

**DOCUMENT # P06000132525**

1. Entity Name  
**CAPITAL DEVELOPMENT SOLUTIONS, INC.**



Principal Place of Business      Mailing Address  
**C/O EDWARD A. HANNA, JR., P.A.**      **C/O EDWARD A. HANNA, JR., P.A.**  
**3864 SHERIDAN STREET**      **3864 SHERIDAN STREET**  
**HOLLYWOOD, FL 33021**      **HOLLYWOOD, FL 33021**

**66013000**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04252007      Chg-P      CR2E034 (12/06)

4. FEE Number **22-3942635**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, R V**  
**C/O EDWARD A. HANNA, JR., P.A.**  
**3864 SHERIDAN STREET**  
**HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP JONES, R V 3864 SHERIDAN STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BROWN, L T 3864 SHERIDAN STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 11 if changed, or on an attachment, and an address, with all other like empowered.

SIGNATURE: *Edward Hanna*      4/25/07 (954)      895-7030  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR      Date      Daytime Phone #

# ATTACHMENT

LAW OFFICES  
**EDWARD A. HANNA, P.A.**  
EMERALD VILLAGE PROFESSIONAL PLAZA  
3864 SHERIDAN STREET  
HOLLYWOOD, FLORIDA 33021-3834

ALSO ADMITTED FEDERAL,  
PENNSYLVANIA AND  
WASHINGTON, DC BARS

BROWARD: (954) 893-7030  
BROWARD: (954) 983-2211  
BROWARD: (954) 745-2100  
TELFAX: (954) 983-2227  
EDHANNALAW@AOL.COM

June 13, 2007

66019800

**SECRETARY OF STATE**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FLorida 32314

**IN RE: CAPITAL DEVELOPMENT SOLUTIONS, INC.**  
FILE NUMBER: 06-060201-EAH/vp  
FILE CODE: Red  
CECN: CAPIT-54.1

**DOCUMENT#: P06000132525, Annual Report**

Dear SIR/MADAME:

Thank you for letter of May 22, 2007, regarding the oversight at box "4" which is to contain the above corporation's *FEIN*.


Enclosed herewith please find the completed form, and containing said number.

Thank you for your attention to this important matter.

Yours Sincerely,

Law Offices of:  
EDWARD A. HANNA, P.A.

By:

  
EDWARD A. HANNA, Esq.  
EAH/lp