2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000087913

1. Entity Name PIER A DEVELOPMENT CORP.



Principal Place of Business

245 FRONT ST

KEY WEST, FL 33040

Mailing Address

1000 MARKET ST

BLDG 1

PORTSMOUTH, NH 03801

US

FILED Apr 27, 2005 08:00 AM Secretary of State



01032005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0478838 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

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8. The above named entity submits this s	tatement for the purpose of chang	ging its registered office or reg	istered agent, or both, in ti	ne State of Florida.	I am familiar with, and accept
the obligations of registered agent.				,	.,
SIGNATURE	gistered agent and title if applicable.	(NOTE, Registered Agent signature red	quired when reinstating)	,	ATE

FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00

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

10.	OFFICERS AND DIRECTORS		1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, MARK 1001 E. ATLANTIC AVE, SUITE 202 DELRAY BEACH, FL 33483		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VT WALSH, MICHAEL 1001 E. ATLANTIC AVE, SUITE 202 DELRAY BEACH, FL 33483		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALSH, WILLIAM 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMURRAIN, THOMAS T 1001 E. ATLANTIC AVE, SUITE 202 DELRAY BEACH, FL 33483	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRITCHFIELD, RICHARD H 1001 E, ATLANTIC AVE, SUITE 202 DELRAY BEACH, FL 33483	,	<u>.</u> .
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

000000335361 04/27/05-80081-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05

(521)279-990