2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2005 08:00 AM DOCUMENT # P99000086122 . . . **Secretary of State** 1. Entity Name MYRÍCK DEVELOPMENT, INC. Principal Place of Business Mailing Address 4450 N.E. 31ST AVENUE 1255 W ATLANTIC BLVD LIGHTHOUSE POINT, FL 33064 POMPANO BEACH, FL 33069 01182005 No Chg-P .CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0953080 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MYRICK, EDWARD L JR. DO NOT WRITE 1255 W ALANTIC BLVD STE 314 POMPANO BEACH, FL 33069 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MYRICK, EDWARD L NAME Unnnn0186710 D1/21/05-80068-012 150.00 STREET ADDRESS 4450 N.E. 31ST AVENUE CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 TITLE NAME MYRICK, EDWARD L JR. 1515 NE S COURT STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 TITLE MYRICK, JAMES T NAME STREET ADDRESS 4450 N.E. 31ST AVENUE DO NOT WRITE LIGHTHOUSE_POINT, FL 33064 CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

2. I hereby certify that the information supplied with this filing does not quality 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1118/05 (954) 784-3398

FILED