

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90030 001 ***150.00

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02262008 Chg-P CR2E034 (12/06)

DOCUMENT # S81962			
1. Entity Name ADDISON DEVELOPMENT CORP.			
Principal Place of Business 215 FIFTH ST. SUITE 100 WEST PALM BEACH, FL 33401 US		Mailing Address 215 FIFTH ST. SUITE 100 WEST PALM BEACH, FL 33401 US	
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
4. FEI Number 65-0335412		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KIRSCHNER, MITCHELL B 1800 N. MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431 33428		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
1515 N. FEDERAL HWY SUITE 314			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, DAN E 215 FIFTH ST, SUITE 100 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		DAN E. SWANSON 3/3/08 (561) 802-4411	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	