2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P94000073105

1. Entity Name

5944 DEVELOPMENT, INC.



FILED May 02, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

5944 34TH ST

5944 34TH ST NO

SUITE 43

ST PETERSBURG, FL 33714

SUITE 43 ST. PETE., FL 33714



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3277558

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

B. GRAY GIBBS 100 2ND AVENUE S., STE.101 ST. PETERSBURG, FL 33701

DO NOT WRITE 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_					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYLER, DEAN 310 COFFEE PORT RIVIERA NE ST PETE, FL 33703				
NAME STREET ADDRESS CITY-ST-ZIP					,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	NOT WRITE
TITLE				INI TI	LIC CDACE

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U000000756012 05/23/07-80013-006 150.00

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS

CiTY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> DEW TYC RINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF

727-867-5300

Daytime Phone #