


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 379709 1. Entity Name WYNNE DEVELOPMENT CORPORATION	
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Principal Place of Business 12804 SW 122 AVENUE MIAMI, FL 33186	Mailing Address 8000 SOUTH US #1 SUITE 402 PORT ST. LUCIE, FL 34952 US
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1349652	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 WYNNE, MATTHEW L 8000 SOUTH US 1, #402 PORT ST LUCIE, FL 34952

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NEWMAN, HARVEY 8000 SOUTH US 1, #402 PORT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYNNE, JOEL 8000 SOUTH US 1 PT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYNNE, MATTHEW L 8000 SOUTH US 1, STE #402 PORT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WYNNE, ERIC P 8000 SOUTH US 1, STE #402 PORT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/18/06-80045-006 150.00

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:  **Matthew Lyle Wynne** 1/25/06 (772) 878-5513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #