2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2006 08:00 AM **DOCUMENT # 403822** 1. Entity Name **Secretary of State** RISSMAN DEVELOPMENT CORPORATION Mailing Address Principal Place of Business 6768 WILD ORCHID TRAIL 6768 WILD ORCHID TRAIL LAKE WORTH, FL 33467 US LAKE WORTH, FL 33467 CR2E034 (11/05) No Cha-P 01072006 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-1410292 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RISSMAN, RAINEY S DO NOT WRITE 6768 WILD ORCHID TRAIL LAKE WORTH, FL 33467-1614 IN THIS SPACE 3. 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 11000000428937 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. RISSMAN, RAINEY S STREET ADDRESS 6768 WILD ORCHID TRAIL CITY-ST-ZIP LAKE WORTH, FL 334671614 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS C!TY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

MAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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