2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 442018

FILED
Jan 04, 2012
Secretary of State

Entity Name: DEVELOPERS THREE, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1845 TOWN CENTER BOULEVARD SUITE 100 ORANGE PARK, FL 32003 US	1845 TOWN CENTER BOULEVARD SUITE 100 FLEMING ISLAND, FL 32003 US

Current Mailing Address:	**New Mailing Address:**
1845 TOWN CENTER BOULEVARD SUITE 100 ORANGE PARK, FL 32003 US	1845 TOWN CENTER BOULEVARD SUITE 100 FLEMING ISLAND, FL 32003 US

FEI Number: 59-1482512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
AGRESTI, GERALD R. 1845 TOWN CENTER BOULEVARD SUITE 100 ORANGE PARK, FL 32003 US	AGRESTI, GERALD R. 1845 TOWN CENTER BOULEVARD SUITE 100 FLEMING ISLAND, FL 32003 US

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.

SIGNATURE: 01/04/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDS
Name: AGRESTI, GERALD R
Address: 1845 TOWN CENTER BLVD. STE 100
City-St-Zip: FLEMING ISLAND, FL 32003

Title: DVT
Name: AGRESTI, KATHRYN B
Address: 1845 TOWN CENTER BOULEVARD STE. 100
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: DV
Name: AGRESTI, LOUISA K
Address: 1845 TOWN CENTER BOULEVARD STE. 100
City-St-Zip: FLEMING ISLAND, FL 32003 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: G.R. AGRESTI PRES 01/04/2012

Electronic Signature of Signing Officer or Director Date