2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #619727

1. Entity Name

OVERSEAS DEVELOPMENT CORP.



FILED Jan 28, 2008 08:00 A Secretary of State

Principal Place of Business

2661 AIRPORT RD

SUITE B-104 NAPLES, FL 33962 US Mailing Address

PO BOX 7714

NAPLES, FL 34101 US



DO	NOT	WRITE	IN	THIS	SPAC	Œ
$\boldsymbol{\smile}$	1101	441711	41.4		UI / 1/	· —,

4. FEt Number 59-1935622

No Chg-P

5. Certificate of Status Desired

01052008

\$8.75 Ac Fee Requir

CR2E034 (11/05

6. Name and Address of Current Registered Agent

CARVALLO, R 121 BALTUSRAL DRIVE NAPLES, FL 33962

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the p the obligations of registered agent.	ourpose of changing its registered office or registered agent, or both, in the S	State of Florida. I am familiar will
Signature, typed or printed name of registered agent and little	applicable (NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	

OFFICERS AND DIRECTORS 10. ' TITLE

NAME CARVALLO, THIERRY 121 BALTOSRAL DR. STREET ADDRESS NAPLES, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

U00000801514 02/01/08-80021-005 150.00

DO NOT WRITE IN THIS SPACE

12. Thereby 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 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 office 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 changed, or on an attachment with an address, with all other the empowered. changed, or on an attachment with an address

SIGNATURE: .

STREET ADDRESS CITY-ST-7IP

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

CITY-ST-ZIP

SIGNATURE AND TYPE NTED NAME OF SIGNING OFFICER OR DIRECTOR