2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90183 023 ***150.00

DOCUMENT# 690376

1. EntityName
ALTAMONTE DEVELOPMENT CORPORATION

PrincipalPlaceofBusiness	MailingAddress
2909 W SR 434 SUITE 121-131 LONGWOOD, FL 32779 US	2909 W SR 434 SUITE 121-131 LONGWOOD, FL 32779 US

04042006 Chg-P CR2E034(11/05)

2. PrincipalPlaceofBusiness	3. MailingAddress
2925 West State 434	2925 West State Road 434
Suite,Apt.#,etc.: Suite 111	Suite,Apt.#,etc.: Suite 111
City&State: Longwood, FL	City&State: Longwood, FL
Zip: 32779 Country: US	Zip: 32779 Country: US

4. FEINumber: 59-2115071 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
GOODMAN, BARRY S. 2909 W SR 434 SUITE 121-131 LONGWOOD, FL 32779	Name: Goodman, Barry S. StreetAddress (P.O.BoxNumberisNotAcceptable): 2925 West State Road 434 Suite 111 City: Longwood FL ZipCode: 32779

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	PD GOODMAN, BARRY S. 2909 W SR 434, SUITE 121-131 LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	PD Goodman, Barry S. 2925 West State Road 434, Suite 111 Longwood, FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	V FREEDMAN, JEROME B 2909 W SR 434, SUITE 121-131 LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	V Freedman, Jerome B. 2925 West State Road 434, Suite 111 Longwood, FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	T KNOWLES, LISA A 2909 W. STATE ROAD 434 SUITE 121-131 LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	T Knowles, Lisa A. 2925 West State Road 434, Suite 111 Longwood, FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	S HUGHEY, JOANNE 2909 W SR 434, SUITE 121-131 LONGWOOD, FL 32779	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	S Hughey, Joanne 2925 West State Road 434, Suite 111 Longwood, FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	V NOVOTNY, CHRISTINA M 2909 W SR 434, SUITE 121-131 LONGWOOD, FL 32779	☒ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. Ihereby 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: Barry S. Goodman, President 4/10/06 407-865-5849
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#