


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

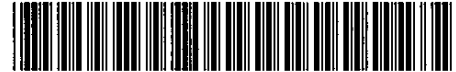
FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90047 025 ***150.00

DOCUMENT # 827172	
1. Entity Name TREE FARM DEVELOPMENT CORPORATION	

Principal Place of Business 23 LEXINGTON AVE CAMBRIDGE MA 02138	Mailing Address 23 LEXINGTON AVE CAMBRIDGE MA 02138
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 04-2504485		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

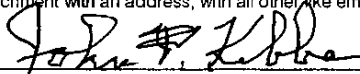
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIEHL, EDWARD L.			NAME			
STREET ADDRESS	23 LEXINGTON AVE.			STREET ADDRESS			
CITY-ST-ZIP	CAMBRIDGE MA 02138			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLIAKAS, EUSTACE			NAME			
STREET ADDRESS	15 BEDFORD ROAD			STREET ADDRESS			
CITY-ST-ZIP	PAWTUCKET RI 02860			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIRD, DAVID			NAME			
STREET ADDRESS	273 JORDAN ROAD			STREET ADDRESS			
CITY-ST-ZIP	SOUTH DARTMOUTH MA 02748			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIBBE, JOHN F.			NAME			
STREET ADDRESS	23 LEXINGTON AVE.			STREET ADDRESS			
CITY-ST-ZIP	CAMBRIDGE MA 02138			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, ROBERT L.			NAME			
STREET ADDRESS	1010 WALTHAM ST			STREET ADDRESS			
CITY-ST-ZIP	LEXINGTON MA 02173			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **John F. Kibbe** **March 30, 2005** **617-547-3139**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #