

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90033 032 \*\*\*150.00

40051893



03292007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # 832075</b> 1. Entity Name <b>NATIONAL DEVELOPMENT CORPORATION OF FLORIDA</b>					
Principal Place of Business <b>4415 5TH AVE. PITTSBURGH, PA 15213</b>			Mailing Address <b>4415 5TH AVE. PITTSBURGH, PA 15213</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>25-1203385</b> Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALLEN, JAMES 1001 3RD AVE WEST SUITE 600 BRADENTON, FL 34205</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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's signature required when reinstating) <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASKIN, SEYMOUR 4415 FIFTH AVE. PITTSBURGH, PA		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, JAMES 1001 THIRD AVE. W. SUITE 410 BRADENTON, FL 34205		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KREUTZER, KAREN 4415 FIFTH AVE. PITTSBURGH, PA 15213		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BALSINGER, WILLIAM 4415 FIFTH AVE. PITTSBURGH, PA 15213		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELLINO, KATHLEEN 4415 FIFTH AVE. PITTSBURGH, PA 15213		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV CONNOR, DIANE 4415 5TH AVE PITTSBURGH, PA		<input type="checkbox"/> Delete		
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: <u>Kathleen Bellino</u> <u>Kathleen Bellino</u> <u>3/29/07</u> <u>412-518-7828</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		