

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90203 022 \*\*\*150.00

**60030855**



04072006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F00000000666</b> 1. Entity Name <b>DEVELOPMENT OPTIONS, INC.</b>					
Principal Place of Business <b>2030 HAMILTON PLACE BLVD. SUITE 500 CHATTANOOGA, TN 37421-6000 US</b>			Mailing Address <b>2030 HAMILTON PLACE BLVD. SUITE 500 CHATTANOOGA, TN 37421-6000 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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	COBD LEBOVITZ, CHARLES B <input type="checkbox"/> Delete 2030 HAMILTON PLACE BLVD. SUITE 500 CHATTANOOGA, TN 374216000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBCEOD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOB FOY, JOHN N <input type="checkbox"/> Delete 2030 HAMILTON PLACE BLVD., STE. 500 CHATTANOOGA, TN 374216000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOBCEOD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEBOVITZ, STEPHEN D <input type="checkbox"/> Delete 800 SOUTH STREET, SUITE 395 WALTHAM, MA 02453		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALTHAM, MA 02453-1436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LANDRESS, BEN S <input type="checkbox"/> Delete 2030 HAMILTON PLACE BLVD., SUITE 500 CHATTANOOGA, TN 374216000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FULLAM, RONALD L <input type="checkbox"/> Delete 2030 HAMILTON PLACE BLVD., STE. 500 CHATTANOOGA, TN 374216000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC STEPHAS, GUS <input type="checkbox"/> Delete 2030 HAMILTON PLACE BLVD., STE. 500 CHATTANOOGA, TN 374216000		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
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.					
<b>SIGNATURE:</b> <u>Christopher A. Price</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Christopher A. Price, Tax Mgr./Asst. Sec. <b>4/7/06</b> <b>423/855-0001</b> <small>Date Daytime Phone #</small>		