


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000006899 1. Entity Name ESPLANADE DEVELOPMENT CORP.	
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Principal Place of Business 1768 PARK CENTER DRIVE SUITE 400 ORLANDO, FL 32835	Mailing Address 1768 PARK CENTER DRIVE SUITE 400 ORLANDO, FL 32835
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DO NOT WRITE IN THIS SPACE

FILED
 08 MAY -2 AM 8: 26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0208572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WHWW, INC.
 390 N. ORANGE AVENUE
 SUITE 1500
 ORLANDO, FL 32801

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

200128282892
 05/02/08--01003--005 **6175.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TOWNSEND, DAVID J 1768 PARK CENTER DRIVE STE 400 ORLANDO, FL 32835
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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: David J. Townsend, Pro. Date: 4/25/08

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