
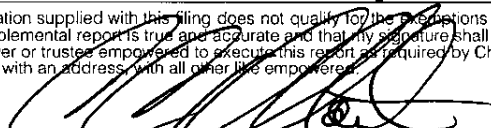


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-06-2007 90008 027 \*\*\*158.75

<b>DOCUMENT # F01000003373</b>					
1. Entity Name <b>COMMERCIAL PROPERTIES DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>5630 BUNKERS AVE BATON ROUGE, LA 70809-2609</b>			Mailing Address <b>5630 BUNKERS AVE BATON ROUGE, LA 70809-2609</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>72-0594391</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____					
<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</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORTON, C C		NAME		
STREET ADDRESS	5630 BANKERS AVE		STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE, LA 70808		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAVRELIS, CHRISTOPHER G		NAME		
STREET ADDRESS	5630 BANKERS AVE		STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE, LA 70808		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HINSON, TIMOTHY W		NAME		
STREET ADDRESS	5630 BANKERS AVE		STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE, LA 70808		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, CAROLYN E		NAME		
STREET ADDRESS	5630 BANKERS AVE		STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE, LA 70808		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRAVIS, DEBORAH P		NAME		
STREET ADDRESS	5630 BANKERS AVE		STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE, LA 70808		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 exceptions 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: 			1/23/2007		225/924-7206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
<b>C. Cammack Morton</b>					

40009448

