2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# F02000005301

Entity Name: SCHIAPPA DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

200 SOUTH FOURTH STREET
STEUBENVILLE, OH 43952

New Principal Place of Business:

Current Mailing Address:

PO BOX 4609
STEUBENVILLE, OH 43952

New Mailing Address:

4371 NORTHLAKE BLVD
PMB 371
PALM BEACH GARDENS, FL 33410

FEI Number: 34-1601634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIAPPA, MICHAEL P
483 SAVOIE DRIVE
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: SCHIAPPA, MICHAEL P
Address: 483 SAVOIE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DV ( ) Delete
Name: SCHIAPPA, A. ALBERT
Address: 4405 FAIRWAY DRIVE
City-St-Zip: STEUBENVILLE, OH 43952

Title: S ( ) Delete
Name: VINCE, LINDA C
Address: 17 CARAVEL PLACE
City-St-Zip: CROSS CREEK, OH 43953

Title: T ( ) Delete
Name: FETH, JOAN E
Address: 110 HIDDENWOOD
City-St-Zip: STEUBENVILLE, OH 43952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. SCHIAPPA PRES 04/04/2006

Electronic Signature of Signing Officer or Director — Date