
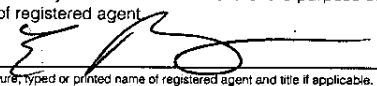
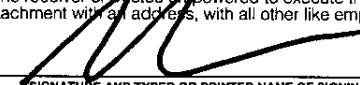


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90086 048 ***158.75

DOCUMENT # F03000000806 1. Entity Name CAPITOL DEVELOPMENT OF ARKANSAS, INC.					
Principal Place of Business 10605 MAUMELLE BLVD., #C MAUMELLE, AR 72113			Mailing Address 10605 MAUMELLE BLVD., #C MAUMELLE, AR 72113		
2. Principal Place of Business 7100 W Camino Real Suite 402 Boca Raton FL Zip 33433 Country USA			3. Mailing Address 7100 W. Camino Real Suite 402 Boca Raton FL Zip 33433 Country USA		
4. FEI Number 75-2528276			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			04142004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent BRANDON-BROWN, ELIZABETH BRANDON BROWN P.C. 900 N. FEDERAL HIGHWAY, SUITE 410 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name: Brandon-Brown, Elizabeth Street Address (P.O. Box Number is Not Acceptable): Brandon - Brown P.C. 9045 La Fontana Suite B-1 City: Boca Raton FL Zip Code: 33434		
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:  Brandon-Brown, Elizabeth 4/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC TODD, MICHAEL G 10605 MAUMELLE BLVD., #C MAUMELLE, AR 72113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD MICHAEL 10605 MAUMELLE BLVD # C MAUMELLE AR 72113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLOOM, ASHLEY 900 N. FEDERAL HIGHWAY, SUITE 410 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BLOOM ASHLEY 7100 W. Camino Real Suite 402 Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAPTISTA, RAY 10605 MAUMELLE BLVD., #C MAUMELLE, AR 72113	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LE GAULT, DONALD 7100 W. Camino Real Suite 402 Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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 all addresses, with all other like empowered.					
SIGNATURE:  Ashley Bloom 4/22/04 (S61) 417-7115 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					