

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001191

FILED  
Feb 02, 2012  
Secretary of State

**Entity Name:** DEVELOPMENT PLANNING & FINANCING GROUP, INC.

**Current Principal Place of Business:**

27127 CALLE ARROYO, STE. 1910  
SAN JUAN CAPISTRANO, CA 92675

**New Principal Place of Business:**

**Current Mailing Address:**

27127 CALLE ARROYO, STE. 1910  
SAN JUAN CAPISTRANO, CA 92675

**New Mailing Address:**

**FEI Number:** 20-8150046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AAGAARD, MAIK  
1801 LEE ROAD  
SUITE 255  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

AAGAARD, MAIK  
1060 MAITLAND CENTER COMMONS  
SUITE 340  
MAITLAND, FL 32751 US

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: MAIK AAGAARD

02/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: FOREMAN, JOHN E.  
Address: 27127 CALLE ARROYO, STE. 1910  
City-St-Zip: SAN JUAN CAPISTRANO, CA 92675

Title: D  
Name: FOREMAN, DOUG S.  
Address: 27127 CALLE ARROYO, STE. 1910  
City-St-Zip: SAN JUAN CAPISTRANO, CA 92675

Title: VP  
Name: LIGHTBURNE, R. CHRIS  
Address: 27127 CALLE ARROYO, STE. 1910  
City-St-Zip: SAN JUAN CAPISTRANO, CA 92675

Title: S  
Name: HE, PING  
Address: 27127 CALLE ARROYO, STE. 1910  
City-St-Zip: SAN JUAN CAPISTRANO, CA 92675

Title: VP  
Name: PILLER, PETE  
Address: 27127 CALLE ARROYO STE 1910  
City-St-Zip: SAN JUAN CAPISTRANO, CA 92675

Title: VP  
Name: AUSTIN, CHRIS  
Address: 27127 CALLE ARROYO STE 1910  
City-St-Zip: SAN JUAN CAPISTRANO, CA 92675

I hereby 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 all other like empowered.

SIGNATURE: JOHN FOREMAN

DPT

02/02/2012

Electronic Signature of Signing Officer or Director

Date