

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F13509</b> 1. Entity Name <b>REED DEVELOPMENT COMPANY</b>			
Principal Place of Business <b>5130 MAIN STREET SUITE 6 NEW PORT RICHEY, FL 34652 US</b>		Mailing Address <b>5130 MAIN STREET SUITE 6 NEW PORT RICHEY, FL 34652 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 01032007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2048947</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SALVATORI, LEO J 4001 TAMiami TRAIL NORTH SUITE 330 NAPLES, FL 34103</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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 May Be Added to Fees</b>	
		<b>U000000609616 02/01/07-80058-001 150.00</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		PDS ROBERT M. REED III 4102-B QUIXOTE BLVD TAMPA, FL 33613	
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<b>DO NOT WRITE IN THIS SPACE</b>			
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.			
<b>SIGNATURE: Robert M. Reed II</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		 Date <b>1/8/07</b> Daytime Phone # <b>727-842-2990</b>	