


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90321 044 \*\*\*150.00

**DOCUMENT # F39482**  
 1. Entity Name  
**GAETA DEVELOPMENT CO.**



Principal Place of Business  
**3555 NORTHLAKE BLVD.  
 PALM BEACH GARDENS, FL 33403**

Mailing Address  
**3555 NORTHLAKE BLVD.  
 PALM BEACH GARDENS, FL 33403**

2. Principal Place of Business  
**5220 Hood Road**

3. Mailing Address  
**5220 Hood Road**

Suite, Apt. #, etc.  
**Suite 100**

Suite, Apt. #, etc.  
**Suite 100**

City & State  
**Palm Beach Gardens, FL**

City & State  
**Palm Beach Gardens, FL**

Zip **33418** Country

Zip **33418** Country



04042006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2098090**

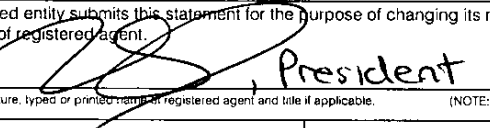
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GAETA, NEIL J  
 3555 NORTHLAKE BLVD  
 PALM BEACH GARDENS, FL 33403**

7. Name and Address of New Registered Agent  
 Name **Gaeta, Neil J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5220 Hood Road**  
 Suite **100**  
 City **Palm Beach Gardens FL** Zip Code **33418**

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  **President** DATE **4/4/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>DVC GAETA, LOUIS A JR. 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TREZZA, ARLINE R 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD GAETA, NEIL J 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418</b>
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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 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.

SIGNATURE:  **President** DATE **4/4/06** (561)627-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #