

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000006167

Entity Name: MULTI-DEVELOPERS, INC.

FILED  
Mar 11, 2005  
Secretary of State

**Current Principal Place of Business:**

2727 PACES FERRY RD  
STE 1-255  
ATLANTA, GA 30339 US

**New Principal Place of Business:**

**Current Mailing Address:**

2727 PACES FERRY RD  
STE 1-255  
ATLANTA, GA 30339 US

**New Mailing Address:**

FEI Number: 58-1081452      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PD ( ) Delete  
Name: WILSON, DEBI T  
Address: 2727 PACES FERRY RD STE 1-225  
City-St-Zip: ATLANTA, GA 30339 US

Title: STD ( ) Delete  
Name: HEARING, ELIZABETH B  
Address: 2727 PACES FERRY RD STE 1-225  
City-St-Zip: ATLANTA, GA 30339 US

Title: D ( ) Delete  
Name: BUTLER, BECKIE B  
Address: 2727 PACES FERRY RD STE 1-225  
City-St-Zip: ATLANTA, GA 30339 US

Title: D ( ) Delete  
Name: RAUTON, AMY B  
Address: 4220 MEADOWBROOK CT  
City-St-Zip: NORTH CHARLESTON, SC 29420

**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 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 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: DEBI T. WILSON

PD

03/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date