2008 FOR PROFIT CORPORATION

FILED 08:00 A State

	ANNUAL	REPORT #	(A	_	Jar	1 1 /, 2 U	U 8 U83
DOCUMENT # F98000004400 1. Entity Name STONY POINTE DEVELOPMENT CORP.						Secreta	ry of S
Principal Place 26300 SHER WARREN, MI	WOOD	Mailing Address 26300 SHERWOOD WARREN, MI 48091		 	BION (81)/ 61)// 98(2) 00)/	Salisi Badil Gibil Gibil Fal	IY ab ii ra i iy jab y
DO NOT WRITE IN THIS SPAC			CF	01032008	No Chg-P	CR2E034 (11/0	05)
				FEI Number 38-2655 Certificate o		□ \$8.75 Fee Req	Applied For Not Applicable Additional uired
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				-	NOT W HIS SP	=	
	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and		red office or registe.		, in the State of Flo	rida. I am familiar w	ith, and accept
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD IAFRATE, DOMINIC 26300 SHERWOOD WARREN, MI 48091	IRECTORS				0787003 -80065-013	3 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S IAFRATE, ANGELO E 26300 SHERWOOD WARREN, MI 48091			ì	, 021 211 00		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP			_	IIN I	nio or	ACE	
NAME STREET ADDRESS CFTY-ST-ZIP							
THILE NAME STREET ADDRESS			1			•	

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 each; 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. ANGELO IAFRATE

SIGNATURE:

CITY-ST-ZIP

BIGIORTURE AND TYPED OR PRINTED NAM

OF BIGHING OFFICER OR DIRECTOR

Date

Daytime Prione #