2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 03, 2006 08:00 AM **DOCUMENT # G29993 Secretary of State** 1. Entity Name TESHER DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 1740 PARKSIDE CIRCLE S BOCA RATON FL 33486 1740 PARKSIDE CIRCLE S BOCA RATON FL 33486 2. Principal Place of Business 3. Mailing Address Suite, Apt. ff. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2280915 Not Applicable Zip Country Country ZiD \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JENNINGS, EDWARD J. ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 SE 18TH COURT FT. LAUDERDALE FL 33316 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 . Cignatore, typed or printed name of registered agent and title in applicable (NOTE: Registered Agent explaine required when revisialing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. RITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TESHER, LAWRENCE K MAME STREET ADDRESS 1740 PORKSIDE CIRCLE S STREET ADDRESS CITY-SI-ZP **BOCA RATON FL 33486** City-St-zip TITLE Delete Change Addition MARA MAME STREET ADDRESS STREET ACORESS EDY-ST-ZIF CATY ST ZIP U00000417047 13706-3003**3-0**24<u>165666000 дене</u> ECCLC ☐ Delote TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-IP CATY-ST-ZIP TITLE ☐ Delcte TITLE ☐ Change ☐ Addiss NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP THE ☐ Defele ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HILE ☐ Delete TITLE ☐ Change Addition. NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CUTY-ST-769 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 ualli, 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

FILED