


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90040 006 \*\*\*150.00

<b>DOCUMENT # G67438</b> 1. Entity Name NATIONAL DEVELOPMENT COMMUNITIES, INC.	
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Principal Place of Business 4415 FIFTH AVE. PITTSBURGH, PA 15213-2654	Mailing Address 4415 FIFTH AVE. PITTSBURGH, PA 15213-2654
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**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2335441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ANSBACHER, LEWIS 5150 BELFORT ROAD, BUILDING #100 JACKSONVILLE, FL 32256	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BALSINGER, WILLIAM E 4415 FIFTH AVE PITTSBURGH, PA 15213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SASSARD, CHERYL 5150 BELFOR ROAD, BUILDING #100 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MASON, MARTIN 4415 FIFTH AVE PITTSBURGH, PA 15213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KREUTZER, KARAN 4415 FIFTH AVE PITTSBURGH, PA 15213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BELLINO, KATHLEEN 4415 FIFTH AVE. PITTSBURGH, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Kathleen Bellino Kathleen Bellino 1/27/04 412-578-7828

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