


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90025 015 \*\*\*150.00

<b>DOCUMENT # G79417</b> 1. Entity Name <b>NORTHEAST DEVELOPMENT COMPANY</b>	
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Principal Place of Business <b>12001 CORY LAKE BLVD. TAMPA, FL 33647</b>	Mailing Address <b>12001 CORY LAKE BLVD. 10335 CROSS TAMPA, FL 33647 CREEK BLVD #28</b>
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**60042836**



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2365526</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>THOMASON, EUGENE E. 12001 CORY LAKE BLVD. TAMPA, FL 33647</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 4, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST THOMASON, GENE 12001 CORY LAKE BLVD. TAMPA, FL 33647</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D THOMASON, GENE 12001 CORY LAKE BLVD. TAMPA, FL 33647</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS THOMASON, GENE 12001 CORY LAKE BLVD. TAMPA, FL 33647</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EUGENE E. THOMASON**

**4/18/08**

Date

**813/994-8516**

Daytime Phone #