2007 FOR PROFIT CORPORATION

Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # G92552 04-30-2007 90443 022 ***150.00 1. Entity Name CAHILL DEVELOPMENT, INC. 40090755 Principal Place of Business Mailing Address % CARL H. CAHILL % CARL H. CAHILL 131 PARK LAKE STREET 131 PARK LAKE STREET ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 801 N. Orange Avenue 801 N. Orange Avenue Suite, Apt. #, etc Suite, Apt. #, etc. 04192007 CR2E034 (12/06) Chg-P Suite 820 Suite 820 City & State City & State Applied For 4 FEI Number Orlando, FL Orlando, FL 87-0739845 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32801-5203 32801-5203 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAHILL, CARL H. CAHILL, CARL H. Street Address (P.O. Box Number is Not Acceptable) 131 PARK LAKE ST. ORLANDO, FL 32803-0821 801 N. Orange Avenue, Suite 820 O<u>rlando</u> 3<u>2801-520</u>3 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 abent. Carl H. CAhil SIGNATURE (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DP XX Change Addition TITLE Delete TITLE CAHILL, CARL H. CAHILL, CARL H. NAME NAME 131 PARK LAKE ST 801 N. Orange Avenue, Suite 820 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32803 CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32801-5203 ·. < Delete Addition TITLE TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NING OFFICER OR DIRECTOR

407-422-5456

☐ Addition

☐ Change

FILED