
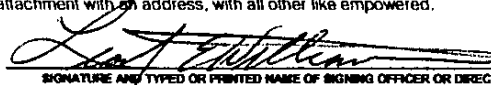


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H04659</b>		
1. Entity Name WAYNE DENSCH DEVELOPMENT CORPORATION		
Principal Place of Business 1603 E. MARKS ST. ORLANDO, FL 32803		Mailing Address P.O. BOX 536845 ORLANDO, FL 32853
<b>DO NOT WRITE IN THIS SPACE</b>		
		01172008 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2417862		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  WILLIAMS, LEONARD E 1603 E. MARKS ST. ORLANDO, FL 32803		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 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
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD WILLIAMS, LEONARD E 1603 E. MARKS ST. ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, JOHN 1603 E. MARKST ST. ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LEONARD E JR 1603 E. MARKS ST. ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MICHEAL J 1603 E. MARKS ST ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/17/08 407.896.6911 <small>Date Daytime Phone #</small>