2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H13603

FILED May 02, 2007 Secretary of State

Entity Name: BARRIER DUNES DEVELOPMENT CORPORATION

Current Principal Place of Business:

212 E HIGHWAY 98
PORT SAINT JOE, FL 32456 US

New Principal Place of Business:

190 SABAL CIRCLE
PORT SAINT JOE, FL 32456 US

New Mailing Address:

New Mailing Address:

PO BOX 159 190 SABAL CIRCLE

PORT SAINT JOE, FL 32456 US PORT SAINT JOE, FL 32456 US

FEI Number: 58-1581660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PALMER, MORRIS MAGIDSON, MEL 210 HIGHWAY 98 528 6TH STREET

PORT SAINT JOE, FL 32456 US PORT SAINT JOE, FL 32456 US

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.

SIGNATURE: MEL MAGIDSON JR. 05/02/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PALMER, MORRIS R DULANY, LISSA Name: Name: 204 HIGHWAY 98 129 SANDPINE DRIVE Address: Address: City-St-Zip: PORT SAINT JOE, FL 32456 City-St-Zip: PORT SAINT JOE, FL 32456

Title: STD () Delete Title: VP (X) Change () Addition Name: MONOD, OLIVIER Name: HUGHES, ELIZABETH

Address: 119 FRANKLIN BLVD. Address: 250 PARKSIDE CIRCLE
City-St-Zip: ST GEORGE ISLAND, FL 32328 City-St-Zip: PORT ST. JOE, FL 32456 US

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 RICH, SCOTT

 Address:
 Address:
 150 SABAL CIRCLE

 City-St-Zip:
 City-St-Zip:
 PORT ST. JOE, FL 32456 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 DIXON, ROBIN

 Address:
 Address:
 141 SANDPINE DRIVE

 City-St-Zip:
 City-St-Zip:
 PORT ST. JOE, FL 32456 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 WIBBERG, DEBBE

 Address:
 Address:
 1310 MONUMENT AVE.

 City-St-Zip:
 City-St-Zip:
 PORT ST. JOE, FL 32456 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISSA DULANY P 05/02/2007