## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 08:00 AM
Secretary of State

	ANNUAL	REPURI			11100		0, 00.00
DOCUMENT # H24311					2	Secreta	ry of State
1. Entity Nam	DEVELOPMENT, INC.						
Principal Plac 123 TROPICA PUNTA GORE		Mailing Address 123 TROPICANA DR PUNTA GORDA, FL 33950		 			ESTA BILLINGO A ESTO
D	O NOT WRITE	03022007 No Chg-P CR2E034 (11/05)  4. FEI Number					
	6. Name and Address of Current	Registered Agent					
201 ALHAI SUITE 502	ARLES C., III ARRA CIRCLE 2 ABLES, FL 33134	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, the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and puril agent and puril agent and puril agent and puril agent agent and puril agent agen							
FIL: After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	noing \$5	.00 May Be led to Fees	· · · · · · ·			
10.	OFFICERS AND	DIRECTORS		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CATY-ST-ZIP	DP DEBRY, JEAN M. 123 TROPICANA DR PUNTA GORDA, FL ST						
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DEBRY, JEAN M. 123 TROPICANA DR PUNTA GORDA, FL				03/29 03/29	000067353 707-80034	87 4-002 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE							

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:

STREET ADDRESS
CITY-S1-ZIP
THLE
NAME
STREET ADDRESS
CITY-S1-ZIP

3. DE BRY - PRESUP GW7

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #