2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

## DOCUMENT # H26003

1. Entity Name

EDKO DEVELOPMENT, INC.

Principal Place of Business



FILED Feb 27, 2008 08:00 AN Secretary of State

Secret

APT 2803	ANO BEACH FL 33062 1370 S OCEAN BLVD APT 2803 ANO BEACH FL 33062 POMPANO BEACH FL 33062								
2. Principal P	Place of Business - No P.C. Box # 3. Mailing Address								
Suite, Apt. #, etc. Suite. Apt. #, etc.				1st MOORE CR2E034 (10/07)					
City & State City & S		City & State	State		4. FEI Numb	<sup>er</sup> 59-2469687	<b>├</b>	pplied For	
Zıp		Country	Zip Country			Certificate of Status Desired			
	6. Name	and Address of Curren	t Registered Agent			7. Name and	d Address of New Rec	gistered Agent	
				Name					
EDWARDS, JAMES W. 1370 S OCEAN BLVD APT 2803 POMPANO BEACH FL 33062				Street Address (P.O. Box Number is Not Acceptable)					
								,	
					City			FL Zip Co	de
	tions of regist	ered agent.	for the purpose of changir			<u> </u>	oth, in the State of Florid		, and accept
	Signature, typed	or printed name of registered ager	nann si ei finnplicacio	(NOTE Registered	o Agord aginature requ	iirati when feineratir gr		DATE	
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10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 efficer 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

PLOS, JAMES W. EDWARDS 2/22/08

759-183-9-27 Day the Phone #