

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H27688			FILED
EASY DEVELOPMENT, INC.			07 NOV 28 PM 4: 15
Principat Place of Business 3110 SE SLATER ST. STUART, FL 34997	Mailing Address 3110 SE SLATER ST. STUART, FL 34997	O nI	FALLAHASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box #	3. Mailing Adiless 5672 LAMA Suite, Apt. #, etc.	y Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		090 REINSTATEN CR26034 (12/06) 67
City & State	City & State STUART FL	•	4. FEI Number Applied For 59-2620690 Not Applica
Z ^{ic} Country,	34997	Country USA	Certificate of Status Desired
RASTRELLI, GINO 3110 SE SLATER ST. STUART, FL 34997	nt Registered Agent	Street Address	T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent S. (P.O. Box Number is Not Acceptable) S. (P.O. Box Number is Not Acceptable) T. S. C. C. M. A.Y. D. K. A.R.T., F.L. 34997 FL. Zip Code
The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent.		gistered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accentified when renstating) DATE
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaigr Trust Fund Contrib		55.00 May Be idded to Fees
1	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME RASTRELLI, GINO STREET ADDRESS CITY-ST-ZIP STUART, FL	□ Delete 5672 SG LAMAYDK	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200110279822 10/04/0701048001 **500.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	□ Change □ Addi 200110279822 11/27/0701052007 **250.00
NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi
TITLE NAME STREET ADDRESS CITY-S1-2IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	ITILE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi
indicated on this report or supplemental report of the corporation or the receiver or trustee en changed, or on an attachment with an address SIGNATURE:	t is true and accurate and that my powered to execute this report as s, with all other like empowered.	r signature shall have th s required by Chapter 6	ned in Chapter 119, Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or direct 607, Florida Statutes; and that my name appears in Block 10 or Block 1