
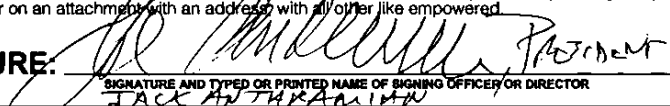


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90186 010 \*\*\*150.00

<b>DOCUMENT # H51552</b> 1. Entity Name <b>WAVERLY DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>365 FIFTH AVENUE SO. SUITE 201 NAPLES, FL 34102 US</b>			Mailing Address <b>367 W MAIN ST NORTHBOROUGH, MA 01532 US</b>		
2. Principal Place of Business - No P.O. Box # <b>3530 KRAFT ROAD</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE 300</b>			
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number <b>59-2518538</b>	
Zip <b>34105</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ANTARAMIAN, JACK 365 FIFTH AVENUE SO. SUITE 201 NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name <b>ANTARAMIAN, JACK</b> Street Address (P.O. Box Number is Not Acceptable) <b>4500 GORDON DRIVE</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34102</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  <b>JACK ANTARAMIAN</b> DATE <b>4/17/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD ANTARAMIAN, JACK 365 5TH AVE,S, STE #201 NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPPEN, ELIOT 1087 BEACON STREET NEWTON, MA 02459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEINSTEIN, ROGER W 125 SUMMER STREET BOSTON, MA 02110	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>JACK ANTARAMIAN</b> <b>PRESIDENT</b> DATE <b>4/17/07</b> DAYTIME PHONE # <b>502-388-2911</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					