2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H60913

FILED Jan 30, 2009 Secretary of State

Entity Name: MICHELSON DEVELOPMENT CORP

urrent P	rincipal Plac	e of Business:	New Principal Place	e of Business:
51 MALL ORT LAU		L 333241124 US		
urrent M	lailing Addre	ss:	New Mailing Addres	ss:
51 MALL ORT LAU		L 333241124 US		
El Number	: 59-2549062	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
51 MALL	ON, BRUCE			
T LAUDE he above	RDALE, FL 3	333271124 US submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
T LAUDE he above the State	RDALE, FL 3 named entity e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
T LAUDE	enDALE, FL 3 enamed entity e of Florida. RE:			ed office or registered agent, or both, Date
T LAUDE he above the State	named entity e of Florida. RE: Electro	submits this statement for the		
T LAUDE the above the State sIGNATUI	named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag	gent	
T LAUDE he above the State IGNATUI	e named entity e of Florida. RE: Electro mpaign Financir S AND DIREC DPT (MICHELSON, 2427 TARGHE	submits this statement for the nic Signature of Registered Age Trust Fund Contribution (). CTORS:) Delete EDWARD	gent	Date
T LAUDE the above the State IGNATUI ection Car FFICER: tle: ame: ddress:	e named entity of Florida. RE: Electro Electro MICHELSON, 2427 TARGHE LAFAYETTE, 0 MICHELSON, 1006 W BROA	submits this statement for the nic Signature of Registered Age of Trust Fund Contribution (). CTORS:) Delete EDWARD E PT CO 800263447) Delete	gent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

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: EDWARD MICHELSON DPT 01/30/2009