
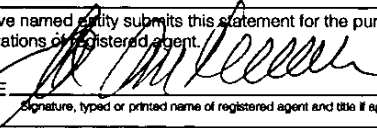
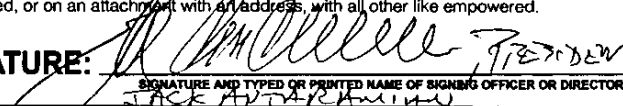


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-26-2007 90186 011 \*\*\*150.00

<b>DOCUMENT # J70065</b>			
1. Entity Name WAVERLY DEVELOPMENT/EAGLE CAY CORPORATION			
Principal Place of Business 365 FIFTH AVENUE S. SUITE 201 NAPLES, FL 34102 US		Mailing Address 367 W MAIN ST NORTHBOROUGH, MA 01532 US	
2. Principal Place of Business - No P.O. Box # 3530 KRAFF ROAD		3. Mailing Address	
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State	
Zip 34105	Country USA	Zip	Country
6. Name and Address of Current Registered Agent ANTARAMIAN, JACK 365 FIFTH AVENUE S. SUITE 201 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name: ANTARAMIAN, JACK Street Address (P.O. Box Number is Not Acceptable): 4500 GORDON DRIVE City: NAPLES FL Zip Code: 34102	
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:  JACK ANTARAMIAN		DATE: 4/17/07	
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee will be \$550.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANTARAMIAN, JACK J. <input type="checkbox"/> Delete 365 FIFTH AVENUE S., #201 NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4500 GORDON DRIVE NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPPEN, ELIOT <input checked="" type="checkbox"/> Delete 1087 BEACON STREET NEWTON, MA 02459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  PRESIDENT		DATE: 4/17/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JACK ANTARAMIAN		Daytime Phone #: 508-593-2911	

90000



04172007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2806373 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required