2005 FOR PROFIT CORPORATION

May 18, 2005 8:00 am Secretary of State ANNUAL REPORT 05-18-2005 90029 040 ***150.00 DOCUMENT # J79880 1. Entity Name MEADOWLAND DEVELOPMENT CORP. Principal Place of Business Mailing Address P 0 BOX 83-2052 P 0 BOX 83-2052 DELRAY BEACH, FL 33483-0252 DELRAY BEACH, FL 33483-0252 2. Principal Place of Business 3. Mailing Address 2581 Jupiter Park Or Suite, Apt. #, etc. 05132005 Chg-P CR2E034 (10/03) suite E 4. FEI Number Applied For 59-2830847 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEACH, DAVID R 6542 WOOD LAKE ROAD Street Address (P.O. Box Number is Not Acceptable) JUPITER, FL 33469 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition SEACH, DAVID R. NAME NAME STREET ADDRESS 6542 WOOD LAKE ROAD STREET ADDRESS JUPITER, FL 33469 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIBLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental port 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 trafsite 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 a didress, with 21 other like empowered. changed, or on an attachment with

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☐ Delete

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