

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90115 015 \*\*\*150.00

**60026784**



02102006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # K48800</b> 1. Entity Name <b>COMMONWEALTH DEVELOPMENT COMPANY</b>			
Principal Place of Business <b>3115 DIXIE HWY., N.E. PALM BAY, FL 32905</b>		Mailing Address <b>3115 DIXIE HWY., N.E. PALM BAY, FL 32905</b>	
2. Principal Place of Business <b>3160 DIXIE HWY. N.E.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3160 DIXIE HWY. N.E.</b> Suite, Apt. #, etc.	
City & State <b>PALM BAY, FLORIDA</b> Zip Country <b>32905 USA</b>		City & State <b>PALM BAY, FLORIDA</b> Zip Country <b>32905 USA</b>	
4. FEI Number <b>59-2921192</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PENCE, ROY 3115 DIXIE HWY., NE PALM BAY, FL 32905</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3160 DIXIE HWY. N.E.</b> City <b>PALM BAY</b> <b>FL</b> Zip Code <b>32905</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 <span style="float: right;">4/6/06 DATE</span> <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, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>VD</b> <input type="checkbox"/> Delete NAME <b>PENCE, HERSCHEL</b> STREET ADDRESS <b>3115 DIXIE HWY., N.E.</b> CITY-ST-ZIP <b>PALM BAY, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE <b>3160 DIXIE HWY. N.E.</b> NAME <b>PALM BAY, FL 32905</b> STREET ADDRESS <b>PALM BAY, FL 32905</b> CITY-ST-ZIP		
TITLE <b>PDST</b> <input type="checkbox"/> Delete NAME <b>PENCE, ROY</b> STREET ADDRESS <b>3115 DIXIE HWY., N.E.</b> CITY-ST-ZIP <b>PALM BAY, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE <b>3160 DIXIE HWY. N.E.</b> NAME <b>PALM BAY, FL 32905</b> STREET ADDRESS <b>PALM BAY, FL 32905</b> CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		
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:		4/6/06 <span style="float: right;">(321) 723-6107</span> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #</small>	