2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51441

FILED Mar 30, 2009 Secretary of State

Entity Name: HIGHLAND DEVELOPMENT GROUP INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
6 VIA DE	LUNA DR LUNA DR. DLA, FL 32561	US		
urrent N	lailing Addres	s:	New Mailing Addres	s:
	1308 LUNA DR. DRTH, GA 307	705 US		
El Number	: 59-2922129	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
OILE, IS				
	LUNA DR. DLA, FL 32562	US		
ENSACC	DLA, FL 32562		purpose of changing its registere	ed office or registered agent, or both,
ENSACC	DLA, FL 32562 named entity se of Florida.		purpose of changing its registere	ed office or registered agent, or both,
ENSACC he above the State	pLA, FL 32562 named entity se of Florida. RE:			ed office or registered agent, or both, Date
ENSACC the above the State	named entity se of Florida. RE: Electron	submits this statement for the		
ENSACC he above the State GNATUI	named entity se of Florida. RE: Electron	submits this statement for the ic Signature of Registered Ag	ent	
ENSACC he above the State GNATUI	named entity see of Florida. RE: Electron mpaign Financing S AND DIRECTOR VPD () MCALPIN, BRU- 16 VIA DE LUNA	submits this statement for the ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete CE	ent	Date
ENSACC he above the State IGNATUI lection Car PFFICER: tte: ame: ddress:	named entity see of Florida. RE: Electron mpaign Financing S AND DIREC VPD () MCALPIN, BRU 16 VIA DE LUNA PENSACOLA BI VPD () MAMANE, JACK	ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete CE A DRIVE EACH, FL 32562 Delete CE MADDOX PKWY	ent ADDITIONS/CHANG Title: Name: Address:	Date ES 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: TIM BAILEY SD 03/30/2009