


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90213 013 ***158.75

DOCUMENT # K54856		
1. Entity Name SLOAN DEVELOPERS, INC.		

Principal Place of Business 10451 NW 53 ST SUITE 201A MIAMI, FL 33172 US	Mailing Address 7990 SW 117 AVENUE SUITE 203 MIAMI, FL 33183 US
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50016914



2. Principal Place of Business 7601 SW Lost River Rd Suite, Apt. #, etc.	3. Mailing Address 7601 SW Lost River Rd. Suite, Apt. #, etc.
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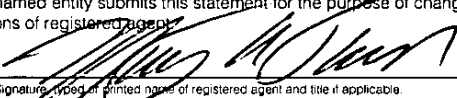
04062006 Chg-P CR2E034 (11/05)

City & State Stuart FL	City & State Stuart FL
Zip 34997	Country USA

4. FEI Number 65-0102223	Applied For Not Applicable
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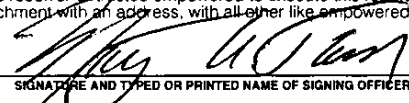
6. Name and Address of Current Registered Agent MARTIN TABOR & ASSOCIATES 10451 NW 33 ST SUITE 201A MIAMI, FL 33172	
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7. Name and Address of New Registered Agent Name Martin Tabor & Associates Street Address (P.O. Box Number is Not Acceptable) 7601 SW Lost River Rd. City Stuart FL Zip Code 34997	
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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 	DATE 4/12/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TABOR, MARTIN A. 10451 NW 33 ST MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tabor, Martin A. 7601 SW Lost River Rd Stuart FL 34997 <input checked="" 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
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: 	DATE 4/12/06 DAYTIME PHONE # 772 463 7400