2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2004 08:00 AM Secretary of State DOCUMENT # K65584 1. Entity Name FIRST DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address P.O. BOX 533116 P.O. BOX 533116 ORLANDO, FL 32853 ORLANDO, FL 32853 No Chg-P CR2E034 (10/03) 04192004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0096598 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SABETI, HOUSHANG DO NOT WRITE 132 E. COLONIAL DR., STE. 206 ORLANDO, FL 32801 IN THIS SPACE . 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 Sometime, typed or printed name of regimered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 HAAAAA 22405 Trust Fund Contribution. Added to Fees 04/21/04-88626-821 150.M 10. OFFICERS AND DIRECTORS TITLE NAME SABETI, PEGAH 132 E. COLONIAL DR., STE. 206 STREET ADDRESS CSTY-ST-7/P ORLANDO, FL 32801 **DPST** TILE SABETI, HOUSHANG WARE STREET ADDRESS 132 E COLONIAL DR ORLANDO, FL CTTY-57-ZIP BILE BEHNIA, PEDRAM NAME STREET ADDRESS 132 E. COLONIAL DR. DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32801 IN THIS SPACE TILE NAME STREET ADDRESS C3TY-53-Z3P TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(1), 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/04

407/699-0098

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