

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K74523

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: CONSTAR DEVELOPMENT CORP.

**Current Principal Place of Business:**

1311 NEWPORT CENTER  
DRIVE WEST  
DEERFIELD BEACH, FL 334427734 US

**New Principal Place of Business:**

**Current Mailing Address:**

1311 NEWPORT CENTER  
DRIVE WEST  
DEERFIELD BEACH, FL 334427734 US

**New Mailing Address:**

FEI Number: 65-0112427      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLO, WILLIAM J.  
1311 NEWPORT CENTER DRIVE WEST  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GALLO, WILLIAM J.,  
Address: 4010 NE 30 AVE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DVPT ( ) Delete  
Name: DUBOIS, JERRY W.,  
Address: 915 SE 11TH STREET  
City-St-Zip: DEERFIELD BEACH, FL

Title: ST ( ) Delete  
Name: THOMPSON, LAURA P  
Address: 33 SILK OAK STREET  
City-St-Zip: LAKE PLACID, FL 33852

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LAURA P. THOMPSON

ST

02/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date