2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

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Entity Name: CANAL DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

331 CAPE CORAL PARKWAY WEST, UNIT C
CAPE CORAL, FL 33914

New Principal Place of Business:

331 CAPE CORAL PARKWAY WEST
STE C
CAPE CORAL, FL 33914

Current Mailing Address:

331 CAPE CORAL PARKWAY WEST, UNIT C
CAPE CORAL, FL 33914

New Mailing Address:

331 CAPE CORAL PARKWAY WEST
STE C
CAPE CORAL, FL 33914

FEI Number: 16-1653048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSON, ROBERT V
331 CAPE CORAL PARKWAY
UNIT C
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

PETERSON, ROBERT V
331 CAPE CORAL PARKWAY
STE C
CAPE CORAL, FL 33914 US

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: _____ 04/12/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PETERSON, ROBERT V
Address: 331 CAPE CORAL PKWY W STE C
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM ( ) Delete
Name: SWAN, KRIFTING R
Address: 331 CAPE CORAL PWKY W SUITE C
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT V PETERSON MGRM 04/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date