2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #L30709 03-18-2008 90022 036 ***150.00 NORTH LAKE DEVELOPMENT, INC. 40048358 Principal Place of Business Mailing Address 11505 CR 574 11505 CR 574 P 0 B0X 428 P 0 B0X 428 MANGO, FL 33550 MANGO, FL 33550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 59-2741798 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent JAEB, STEPHEN L. Street Address (P.O. Box Number is Not Acceptable) 11505 CR 574 MANGO, FL 33550 City Zip Code 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_ Signature, typed or printed name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, Change TITLE PCD ☐ Delete TITLE ☐ Addition JAEB, STEPHEN L. NAME NAME STREET ADDRESS STREET ADDRESS 11505 C.R. 574 CITY-ST-ZIP MANGO, FL CITY-ST-ZIP STD ☐ Addition TITLE ☐ Channe TITLE ☐ Delete JAEB, SANDRA D NAME NAME STREET ADDRESS STREET ADDRESS 11505 EAST BROADWAY AVE CITY-ST-ZIP CITY-ST-7IP MANGO, FL 33550 TITLE ☐ Change Addition ☐ Delete TITLE NAME GARRETT, ROBERT R NAME STREET ADDRESS 11505 E. BROADWAY AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MANGO, FL 33550 ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 12. Thereby 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.

FILED Mar 18, 2008 8:00 am

Stephen L Jack 3/12/2008

INSTURE AND TYPED OR PRINTED NAME OF SUSTING OFFICER OR DIRECTOR SIGNATURE: