

2007 FOR PROFIT CORPORATION ANNUAL REPORT


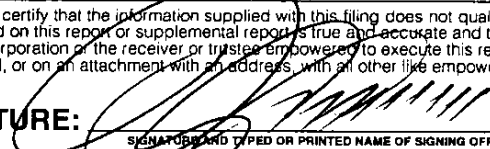
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Secretary of State

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01292007 Chg-P CR2E034 (12/06)

DOCUMENT # L51506			
1. Entity Name CHAMBLISS DEVELOPMENT CORP.			
Principal Place of Business C/O JOE A CHAMBLISS 201 NW 127TH AVE. PLANTATION, FL 33325		Mailing Address 6550 N FEDERAL HWY SUITE 240 FT LAUDERDALE, FL 33308 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0183057		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAMBLISS, JOE A. 201 NW 127TH AVE. PLANTATION, FL 33325		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBLISS, JOE A.	NAME	
STREET ADDRESS	201 NW 127TH AVE.	STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBLISS, JOE A.	NAME	
STREET ADDRESS	201 NW 127TH AVE.	STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL	CITY - ST - ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBLISS, GERALDINE M	NAME	
STREET ADDRESS	201 NW 127TH AVE	STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, KIMBERLY M	NAME	
STREET ADDRESS	3534 DUMBARTON ROAD	STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30327	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, PAIGE M	NAME	Myers, Paige M
STREET ADDRESS	4100 URSULINE DRIVE	STREET ADDRESS	241 Carmel Drive E.
CITY - ST - ZIP	MOBILE, AL 36608	CITY - ST - ZIP	Mobile, AL 36608
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBLISS, HUNTER W.	NAME	
STREET ADDRESS	1202 S.E. 11TH COURT	STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33316	CITY - ST - ZIP	
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 reports 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 an other like empowered.			
SIGNATURE: 		Date: 2-12-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	