

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M66079

FILED  
Apr 01, 2008  
Secretary of State

Entity Name: NG DEVELOPMENT CORPORATION

## Current Principal Place of Business:

11324 RIDGE ROAD  
NEW PORT RICHEY, FL 34654

## New Principal Place of Business:

11328 RIDGE ROAD, PMB #90  
NEW PORT RICHEY, FL 34654

## Current Mailing Address:

11324 RIDGE ROAD  
NEW PORT RICHEY, FL 34654

## New Mailing Address:

11328 RIDGE ROAD, PMB #90  
NEW PORT RICHEY, FL 34654

FEI Number: 59-2888172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYCE, M.D.  
11324 RIDGE ROAD  
NEW PORT RICHEY, FL 34654 US

## Name and Address of New Registered Agent:

BOYCE, M.D.  
11328 RIDGE ROAD, PMB #90  
NEW PORT RICHEY, FL 34654 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:

04/01/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NIELSEN, HELMAR  
Address: 1324 RIDGE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PD ( ) Delete  
Name: BOYCE, M.D.  
Address: 11324 RIDGE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VPS ( ) Delete  
Name: REYNOLDS, B.J.  
Address: 11324 RIDGE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T (X) Delete  
Name: BOYCE, BRYAN E  
Address: 11324 RIDGE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34654

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NIELSEN, HELMAR  
Address: 11328 RIDGE ROAD, PMB #90  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PDT (X) Change ( ) Addition  
Name: BOYCE, M.D.  
Address: 11328 RIDGE ROAD, PMB #90  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VPS (X) Change ( ) Addition  
Name: REYNOLDS, B.J.  
Address: 11328 RIDGE ROAD, PMB #90  
City-St-Zip: NEW PORT RICHEY, FL 34654

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: M.D. BOYCE

P

04/01/2008

Electronic Signature of Signing Officer or Director

Date