

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002621

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: URBAN DEVELOPMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

6538 FIRST AVE N  
ST PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

6538 FIRST AVE N  
ST PETERSBURG, FL 33710

**New Mailing Address:**

FEI Number: 59-3712545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWSOME, LARRY J  
6538 FIRST AVE N  
ST PETERSBURG, FL 33710 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

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: NEWSOME, LARRY J  
Address: 6538 FIRST AVE N  
City-St-Zip: ST PETERSBURG, FL 33710

Title: TREA ( ) Delete  
Name: NEWSOME, BETTYE J  
Address: 6538 FIRST AVE NORTH  
City-St-Zip: ST PETERSBURG, FL 33710

Title: D ( ) Delete  
Name: ROUSEN, DARRYL E  
Address: 3110 FIRST AVENUE NORTH SUITE 5 W  
City-St-Zip: ST PETERSBURG, FL 33713

Title: SEC ( ) Delete  
Name: ROUSEN, ANGELA  
Address: 3110 FIRST AVENUE NORTH SUITE 5W  
City-St-Zip: ST PETERSBURG, FL 33713

Title: D ( ) Delete  
Name: MURPHY, LOUIS  
Address: 2551 TROPICAL SHORES. DR. SE  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: AQUIL, ASKIA  
Address: 1640 MLK JR. ST. S.  
City-St-Zip: ST. PETERSBURG, FL 33705

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY J NEWSOME

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date