

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011596

FILED
Apr 29, 2005
Secretary of State

Entity Name: DIALOGUE DEVELOPMENT, INCORPORATED

Current Principal Place of Business:

2671 MANGOSTINE LANE
ORLANDO, FL 34761

New Principal Place of Business:

Current Mailing Address:

2671 MANGOSTINE LANE
ORLANDO, FL 34761

New Mailing Address:

FEI Number: 56-2488619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, GLORIA
2671 MANGOSTINE LANE
ORLANDO, FL 34761 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: PCEO () Delete
Name: BARBER, GLORIA
Address: 2671 MANGOSTINE LANE
City-St-Zip: ORLANDO, FL 34761

Title: V () Delete
Name: NOBLES, MICHAEL
Address: 4833 PILGRIMS WAY
City-St-Zip: ORLANDO, FL 32808

Title: T () Delete
Name: BATSON, VERNARD
Address: 4403 OAKHAM COURT
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: BARBER, SHIRLEY
Address: 5418 CEDAR LANE
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: NOBLES, KATHERINE
Address: 4833 PILGRIMS WAY
City-St-Zip: ORLANDO, FL 32808

Title: P () Delete
Name: BARBER, VALECIA
Address: 601 S OHIO AVE
City-St-Zip: ORLANDO, FL 32805

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 for the exemption stated in Section 119.07(3)(i), 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: GLORIA BARBER

PCEO

04/29/2005

Electronic Signature of Signing Officer or Director

Date