2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000060135

1. Entity Name

DDJ DEVELOPMENT, INC.



FILED Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90331 009 ***150.00

Principal Place of Business

18323 CR 250 LIVE OAK, FL 32060 Mailing Address 18323 CR 250 LIVE OAK, FL 32060



DO NOT WRITE IN THIS SPACE

03022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3653526

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PREVATT, JAMES W JR 105 N. OHIO AVE LIVE OAK, FL 32060

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable INOTE Registered	Agent signatur	e required when reinstating)	DATE
FIL After Ma	Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees	UATE	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADORESS CITY-ST-ZIP	D MUSIC, DENNIS 18323 C.R. 250E LIVE OAK, FL 32060				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D WAINWRIGHT, DONALD PO BOX 6014 LIVE OAK, FL 32064				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREVATT, JAMES W JR 10657 83RD PLACE LIVE OAK, FL 32060		DO NOT WRITE		
TITLE NAME STREET ADDRESS CIFY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		- "			

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 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.

SIGNATURE: 🛂

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MANNE OF SIGNING OFFICER OR DIRECTOR

3.3.2006

396-658/598

Daytime Phone #