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Secretary of State

02-09-2006 90032 037 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000064263

1. Entity Name
DEVELOPMENT ADVISORS OF SW FL, INC

Principal Place of Business	Mailing Address
11290 BONITA BEACH RD BONITA SPRINGS, FL 34135	5872 HELICON PL SARASOTA, FL 34238

02032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
7852 ANDORA DR		7852 ANDORA DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SARASOTA FL		City & State: SARASOTA FL	
Zip: 34238	Country: USA	Zip: 34238	Country: USA

4. FEI Number 65-1067544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARLAND, BRENDA L 11290 BONITA BEACH RD BONITA SPRINGS, FL 34135	Name: Street Address (P.O. Box Number is Not Acceptable): 7852 ANDORA DR City: SARASOTA FL Zip Code: 34238

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: Brenda L. Garland 2-6-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	GARLAND, BRENDA L	NAME	
STREET ADDRESS	11290 BONITA BEACH RD	STREET ADDRESS	7852 ANDORA DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	SARASOTA FL 34238
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: Brenda L. Garland 2-6-06 8132053739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #