2006 FOR PROFIT CORPORÂTION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

DOCUMENT # P01000046126 1. Entity Name AN DEVELOPMENT, INC.						02-27-2006 9	-).00	
Principal Place of Business 4300 WEST CYPRESS STREET SUITE 150 TAMPA, FL 33607 US Mailing Address 4300 WEST CYPRESS STREET SUITE 150 TAMPA, FL 33607 US TAMPA, FL 33607 US				<u> </u>						
2. Principal Place of Business 401 S. AUBANY AVE Suite, Apt. #, etc. 3. Mailing Address 401 S. AUBAN Suite, Apt. #, etc.			3AN	Y AUF THE RESULT OF THE RESULT OF THE RESULT OF THE SECOND						
					01042006	Chg-P	CR2E034	· · ·	مانحیا ت	
TAMPA, FC		City & State TAMPA, FC			4. FEI Number Applied For 59-3731144 Not Applicable					
3360	6 Country	33606	33606			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 Name					
STEINER, ALFRED F II					Street Address (P.O. Box Number is Not Acceptable)					
-316 150				401 S. ALBANY AVE						
LAMPA; FE 33007				City TAMPA FL Zip Code 3.2606					·	
8. The above named entity submits this statement for the purpose of changing its registered off						th, in the State of Flo	rida. I am fam	1100	06	
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE										
FILE NOWIII 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 OFFI				
TITLE NAME	P Delete IIII.			,			_	Change	Addition	
STREET ADDRESS				REEI ADDRESS 401 5 ALBANY AVE TY-SI-ZIP TAMMA, FL 33606						
TITLE	37-MI 71, 1 C 30007	☐ Delete	TITLE		10,110, 1] Change	Addition	
NAME STREET ADDRESS			NAM! STRE	E Et address						
CITY-ST-ZIP	<u> </u>		CITY	-ST-ZIP			<u>.</u>			
TITLE NAME		☐ Delete	TITLE	· •) Change	Addition	
STREET ADDRESS CITY+ST-ZIP			•	ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITLE		_ _			Change	Addition	
NAME STREET ADDRESS			NAMI STRE	E Et address						
CITY-ST-ZIP			-	-ST-ZIP				· 		
TITLE NAME		☐ Delete	TITLE	- 1			L] Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
TITLE		☐ Delete	TITLE] Change	Addition	
NAME STREET ADDRESS			NAM STRE	E Et address					,	
CITY-ST-ZIP	portify that the information availed with	this filling does not qualify for		-ST-ZIP	ad in Chanter 11	9 Florida Statutes I	further certify	that the in	Mormation	
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 offexecute 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.										