


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-27-2006 90096 028 \*\*\*150.00

<b>DOCUMENT # P01000046126</b> 1. Entity Name <b>AN DEVELOPMENT, INC.</b>																													
Principal Place of Business <b>4300 WEST CYPRESS STREET SUITE 150 TAMPA, FL 33607 US</b>			Mailing Address <b>4300 WEST CYPRESS STREET SUITE 150 TAMPA, FL 33607 US</b>																										
2. Principal Place of Business <b>401 S. ALBANY AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>401 S. ALBANY AVE</b> Suite, Apt. #, etc.																											
City & State <b>TAMPA, FL</b> Zip <b>33606</b>		City & State <b>TAMPA, FL</b> Zip <b>33606</b>		4. FEI Number <b>59-3731144</b> Applied For <input type="checkbox"/> Not Applicable																									
Country <b>33606</b>		Country <b>33606</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>STEINER, ALFRED F II</b> <b>4300 WEST CYPRESS ST</b> <b>STE 150</b> <b>TAMPA, FL 33607</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>401 S. ALBANY AVE</b> City <b>TAMPA</b> FL Zip Code <b>33606</b>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEINER, ALFRED F II</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4300 WEST CYPRESS ST STE 150</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33607</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	STEINER, ALFRED F II		STREET ADDRESS	4300 WEST CYPRESS ST STE 150		CITY - ST - ZIP	TAMPA, FL 33607		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>401 S ALBANY AVE</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33606</td> </tr> </table>			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	401 S ALBANY AVE	CITY - ST - ZIP	TAMPA, FL 33606				
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #