
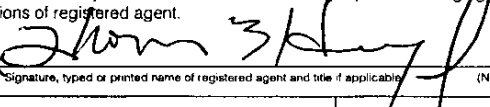



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90411 036 ***150.00

DOCUMENT # P01000052454 1. Entity Name TH-PY DEVELOPMENT, INC.					
Principal Place of Business 12889 EMERALD COAST PKWY., STE. 111-A DESTIN, FL 32550			Mailing Address 12889 EMERALD COAST PKWY., STE. 111-A DESTIN, FL 32550		
2. Principal Place of Business - No P.O. Box # 6910 E CR 30-A Suite, Apt. #, etc.		3. Mailing Address 6910 E CR 30-A Suite, Apt. #, etc.			
City & State Promerence FL		City & State Promerence FL		4. FEI Number 59-3721645	
Zip 32413		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, THOAMS B JR 12889 EMERALD COAST PKWY., STE. 111-A DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Henry, Thomas B Jr Street Address (P.O. Box Number is Not Acceptable) 6910 E CR 30-A City Promerence FL Zip Code 32413		
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:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT	NAME HENRY, THOMAS B JR		TITLE PT	NAME Henry, Thomas B Jr.	
STREET ADDRESS 12889 EMERALD COAST PKWY, SUITE 111A	CITY-ST-ZIP DESTIN, FL 32550		STREET ADDRESS 6910 E CR 30-A	CITY-ST-ZIP Promerence FL 32413	
TITLE VPS	NAME YOKUBINAS, PAUL		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS 111 NORTH LAKESIDE DR	CITY-ST-ZIP KENNESAW, GA 30144		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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: 			Date: 850-231-7942 Daytime Phone #		