## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000065598

Address:

City-St-Zip:

860 E S.R. 434

LONGWOOD, FL 32750

FILED May 12, 2008 Secretary of State

Entity Nar	me: EDEN	SITE DEVELO	PMENT, INC.					
Current Principal Place of Business:					New Principal Place of Business:			
860 E S.R. 434 LONGWOOD, FL 32750					115 W PINE AVE. LONGWOOD, FL 32750			
Current Mailing Address:					New Mailing Address:			
860 E S.R. 434 LONGWOOD, FL 32750					115 W PINE AVE. LONGWOOD, FL 32750			
FEI Number:	: 59-3729553	FEI Number	Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
COHEN, DAVID S ESQ 5728 MAJOR BLVD SUITE 550 ORLANDO, FL 32819 US					COHEN, DAVID S ESQ 5728 MAJOR BLVD SUITE 550 ORLANDO, FL 32819 US			
The above in the State			statement for the p	ourpose o	f changing it	s registe	ered office or registered agent, or both,	
SIGNATURE:					05/12/2008			
Electronic Signature of Registered Agent					Date			
Election Car	npaign Fina	7.193(2)(b), F.S., the noing Trust Fund CRECTORS:	ne corporation did no contribution ( ).	ot receive t	•		NGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P GUCAILO, 7853 MALI ORLANDO				Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		( ) Delete ANDRE BYSHIRE RD, APT ERRY, FL 32707	101		Title: Name: Address: City-St-Zip:	3679 DE	(X) Change ( ) Addition O, ANDRE ERBYSHIRE RD, APT 101 .BERRY, FL 32707	
Title: Name:	S GUCAILO,	(X) Delete MARCIA			Title: Name:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MARYON GUCAILO P 05/12/2008