2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000080758

Entity Name: A. C. G. C. DEVELOPMENT CORP.

FILED Jan 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 5861 WESTPORT LANE
 1060 29TH ST SW

 NAPLES, FL 34116
 NAPLES, FL 34117

Current Mailing Address: New Mailing Address:

 5861 WESTPORT LANE
 1060 29TH ST SW

 NAPLES, FL 34116
 NAPLES, FL 34117

FEI Number: 59-3739436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BULLARD, MICHAEL O
5861 WESTPORT LANE
NAPLES, FL 34116 US
BULLARD, MICHAEL O
1060 29TH ST SW
NAPLES, FL 34117 US

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.

SIGNATURE: MICHAEL O. BULLARD 01/17/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

PCTD () Delete

Name: BULLARD, MICHAEL O Address: 5861 WESTPORT LANE City-St-Zip: NAPLES, FL 34116

Title: VDS () Delete
Name: VAN DE WERKEN, MICHELE M
Address: 5861 WESTPORT LANE
City-St-Zip: NAPLES, FL 34116

 Title:
 AT
 () Delete

 Name:
 VAN DE WERKEN, MICHELE M

 Address:
 5861 WESTPORT LANE

Address: 5861 WESTPORT LAN City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCTD (X) Change () Addition

 Name:
 BULLARD, MICHAEL O

 Address:
 1060 29TH ST SW

 City-St-Zip:
 NAPLES, FL 34117

Title: VDS (X) Change () Addition

Name: SPIVEY, JAMES
Address: 1060 29TH ST SW
City-St-Zip: NAPLES, FL 34117

Title: AT (X) Change () Addition Name: VAN DE WERKEN, MICHELE M

Address: 1060 29TH ST SW City-St-Zip: NAPLES, FL 34117

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHAEL O. BULLARD PCTD 01/17/2007