
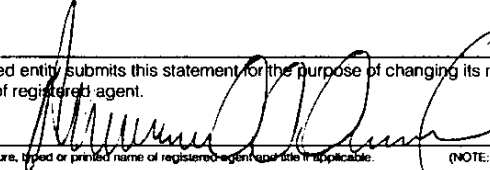
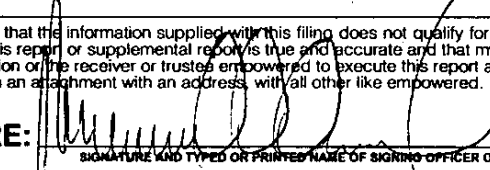


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90065 018 ***150.00

| | | | |
|--|---------------------------------|--|--|
| DOCUMENT # P01000086390 1. Entity Name COMMERCIAL DEVELOPMENT CORPORATION | |  | |
| Principal Place of Business 7208 SANDLAKE RD STE 300 ORLANDO, FL 32819 | | Mailing Address 7208 SANDLAKE RD STE 300 ORLANDO, FL 32819 | |
| 2. Principal Place of Business - No P.O. Box # 9582 W. Colonial Dr Suite, Apt. #, etc. | | 3. Mailing Address 9582 W Colonial Dr Suite, Apt. #, etc. | |
| City & State Ocoee, FL 34761 Zip 34761 Country | | City & State Ocoee, FL Zip 34761 Country | |
| 4. FEI Number 02-0567762 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DINKEL, MICHAEL 7203 SANDLAKE RD STE 300 ORLANDO, FL 32819 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9582 W Colonial Dr City Ocoee FL Zip Code 34761 | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP P DINKEL, MICHAEL 7208 SAND LAKE RD STE 300 ORLANDO, FL 32819 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP 9582 W Colonial Dr Ocoee, FL 34761 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 4.6.07 Daytime Phone # 407-343-6700 | |