## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2008 8:00 am Secretary of State **DOCUMENT # P01000106557** 05-02-2008 90159 035 \*\*\*150 00 DEVELOPERS' INVESTMENT GROUP, INC. Principal Place of Business 400010. Mailing Address 4708 HIDDEN RIVER RD 4708 HIDDEN RIVER RD SARASOTA, FL 34240 SARASOTA, FL 34240 04212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1154826 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRALEY, B. DOUGLAS DO NOT WRITE 4708 HIDDEN RIVER RD. SARASOTA, FL 34240 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME FRALEY, B. DOUGLAS II 4708 HIDDEN RIVER RD. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 TITLE FRALEY, GAIL M NAME 4708 HIDDEN RIVER RD STREET ADDRESS SARASOTA, FL 34240 CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 employment.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-32Z -249B

**FILED**