


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90002 027 ***550.00

DOCUMENT # P01000113566 1. Entity Name SECOND HALF DEVELOPMENT, INC.					
Principal Place of Business 100 EAST SYBELIA AVE. SUITE 255 MAITLAND, FL 32751			Mailing Address 6210 E THOMAS RD STE 204 SCOTTSDALE, AZ 85251		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2002 BUSINESS CENTER DRIVE Suite, Apt. #, etc. SUITE 115			
City & State		City & State IRVINE, CA		4. FEI Number 91-2172429	
Zip 32751		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAGLE, CHAD A 100 EAST SYBELIA AVE. SUITE 225 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 \$550.00 Due by September 6, 2006		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	CEO HAGLE, CHAD A 6210 E THOMAS RD STE 204 SCOTTSDALE, AZ 85251		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HAGLE, CHAD A 2002 BUSINESS CENTER DRIVE, SUITE 115 IRVINE, CA 92612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, DAMON J 6210 E THOMAS SUITE 204 SCOTTSDALE, AZ 85251		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, DAMON J 2002 BUSINESS CENTER DRIVE, SUITE 115 IRVINE, CA 92612	
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	
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	
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	
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	

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: CHAD A HAGLE **CEO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/06 944-660-0711
Date Daytime Phone #