2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

May 16, 2007 8:00 am Secretary of State DOCUMENT # P01000120724 05-16-2007 90025 040 ***150.00 SINGER ISLAND DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 1280 BIMINI LANE RIVIERA BEACH FL 33404 1280 BIMINI LANE RIVIERA BEACH FL 33404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 90-0000908 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 25 3 1 P FEMALL, SHERRY Street Address (P.O. Box Number is Not Acceptable) 1280 BIMINI LANE RIVIERA BEACH FL 33404 City 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. FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Change Addition TEMPLE SHERRY NAME NAME 1280 BIMINI LN STREET ADDRESS STREET ADOMESS RIVERIA BEACH FL 33404 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delele IIILE Addition DUPEE, STEVE 1270 BimiNI LANC 1280 BIMINI LN 🚁 🕒 🗇 STREET ADDRESS STREET ADDRESS RIVERIA BEACH FL 33404 CHY-ST-ZIP CITY - ST- ZIP TITLE Dolole DILL ☐ Addition LABETTI, ALEX NAME NAME 1140 FAIRVIEW LANE STREET ADDRESS STREET ADDRESS SINGER ISLAND FL 33404 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition PARSONS, ROBERT NAME 1250 BIMINI LANE STREET ADDRESS STREET ADORESS SINGER ISLAND FL 33404 CITY-ST-ZIP CITY-S1-ZIP TITLE Defete HILE Change Addition SAUL, NEAL G NAME NAME 1290 BIMINI LANE STREET ADDRESS STREET ADDRESS SINGER ISLAND FL 33404 CITY-ST-ZIP CITY-SI-ZIP IIILE Delete ШЕ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

FILED