2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P01533

Entity Name: PARK AVENUE DEVELOPMENT CORPORATION

Current Principal Place of Business:

535 PARK AVENUE NORTH
SUITE 224
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1508
WINTER PARK, FL 327901508

New Mailing Address:

FEI Number: 13-3017252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, WARREN
535 N PARK AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ASTP ( ) Delete
Name: UDO, GARBE
Address: P.O. BOX 1508
City-St-Zip: WINTER PARK, FL 327901508

Title: D ( ) Delete
Name: GARBE, UDO,
Address: P.O. BOX 1508
City-St-Zip: WINTER PARK, FL 327901508

Title: VP ( ) Delete
Name: GARBE, BERNHARD
Address: P.O. BOX 1508
City-St-Zip: WINTER PARK, FL 327901508

Title: VPS ( ) Delete
Name: GARBE, ANGELIKA
Address: P.O. BOX 1508
City-St-Zip: WINTER PARK, FL 327901508

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPAS ( ) Change (X) Addition
Name: CHU, ANDREW
Address: P.O. BOX 1508
City-St-Zip: WINTER PARK, FL 327901508

I hereby certify that the information supplied with this filing does not qualify 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: UDO GARBE ASTP 04/27/2007

Electronic Signature of Signing Officer or Director Date