

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P02000074834

1. Entity Name
EXCEPTIONAL DEVELOPMENT CORPORATION OF SOUTH FLORIDA



Principal Place of Business 991 NW 54TH ST MIAMI, FL 33127	Mailing Address C/O DAVID C. BOAS, CPA 11440 N. KENDALL DRIVE, #205 MIAMI, FL 33176
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01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1426756	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

SCHWARTZ, JAY D
 17701 BISCAYNE BOULEVARD
 SUITE 200
 AVENTURA, FL 33160

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAINE, MICHAEL 2550 JARDIN DRIVE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAINE, ANDREA 2550 JARDIN DRIVE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 Michael Faine, Pres **3/7/08** **(305) 758-990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #